



Challenge TB - Nigeria

Year 2

Quarterly Monitoring Report

January-March 2016

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Cover photo:

Photograph 1: World TB Day commemoration in Niger state (Credit: Dr Opeyemi Emmanuel)

Photograph 2: Nongo u Kristu u ken Sudan hen Tiv, (NKST) Outreach activity in Gwer West LGA, Benue State (Credit: Dr Titilope Ogunlade)

Photograph 3: World TB Day in Akwa Ibom State (Credit: Dr Eno Usoroh)

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1. Quarterly Overview

Country	Nigeria
Lead Partner	KNCV
Other partners	WHO
Work plan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements: *(Max 5 achievements)*

CTB during the quarter embarked on several outreach activities to create awareness of TB in the community. Similarly, CTB supported the expansion of services to both public and private sector. The overarching achievements recorded during the quarter are

- Significant increase **(10.5%)** in the number of all forms of TB cases notified **(10,614)** in the 12 CTB supported states from **9600** in Q4, 2015. Cumulative figure over three quarters is **29,728**. Three states namely Ondo, Katsina and Cross Rivers have surpassed their cumulative target for the 3 quarters combined (see detailed analysis of case finding by state, LGAs).
- Similarly, a total of **12,797** sputa were tested with Gene Xpert indicating a **30.6%** increase over last quarter's data (**9794**). Furthermore, **11,849 (93%)** of the test during the quarter were successful tests. Cumulatively till date a total of **29,803** Xpert tests have been conducted
- Through the Xpert tests conducted, **2,084** MTB cases were detected during the quarter in CTB supported states and were linked to care. Of this case, **114 (M69; F45)** were Rifampicin resistance cases. Cumulatively till date, **5,481** MTB cases have been detected with GeneXpert of which **431 (M249; F182)** are Rif+ cases
- Additionally, CTB supported the enrolment of **91 (66M; 25F)** DR-TB patients at the community level during the quarter.
- CTB during the quarter embarked on contact investigation of bacteriologically positive TB cases in two states; Katsina and Ondo. Index TB patients' houses were visited and household members screened. The purpose was to curtail the transmission of TB within the household of patients and provide care for those who might have contacted TB. In all, a total of **173** index TB patients households were visited, **511** household members were screened for TB; **162** sputum samples collected for diagnosis and **16** MTB cases were detected. All have been linked to treatment services.

Other significant achievement during the quarter is the delivery of **94** microscopes procured. With the delivery, **84** microcopy sites were assessed for microscopy expansion in the 12 CTB supported states during the quarter. Of the sites assessed, **21** were renovated and **19** microscopes provided. To ensure the ability of the laboratory staff to diagnose TB a total of **41** (M22; F19) were trained on AFB microscopy. Furthermore CTB in Quarter 1 supported the installation of an additional **22** GeneXpert machines in the 12 CTB supported states. To boost the utilization of the machines, CTB implemented the sputum transportation system using the 'hub' and 'spoke' model whereby facilities are mapped around Gene Xpert sites and are financially supported to be able to move sputum samples. A total of **5,405** samples were moved during the quarter to GeneXpert sites using this model.

During the quarter, outreaches were embarked on by CTB staff in Benue, Lagos, Akwa Ibom, Cross Rivers, Rivers and Ondo states. As part of the outreach activities, the community members were provided information on TB signs and symptoms and were screened for TB. At the end of the outreach, a total of **829** presumptive TB cases were identified and **47** TB cases diagnosed and enrolled in care. The capacities of TB staff in the various service delivery points were built to continue to identify and treat TB cases in the community.

The diagnosis of childhood TB had been fraught with many challenges in times past, resulting in low cases of childhood TB diagnosed in the country. With the advent of the CTB project, a total of **35** high-burden pediatric clinics have been identified and linked to the TB program for the management of childhood TB cases. Cumulatively a total of **260** Clinicians (**116 M; 144F**) were sensitized on childhood TB services. In Lagos state 5 facilities, which previously had not reported cases of childhood TB in the 3 months prior to commencement of activities in the facilities, are currently managing **10** childhood TB cases. Other successes recorded in this regard include the

establishment of DOTS in one of the sensitized facilities; Amuwo-Odofin Maternal and Child Centre; and increased level of awareness and knowledge on childhood TB among the HCWs.



Pix 1: From L-R, the Hon. Minister of Health, First Lady of Cross River State and the Minister of State for Health

Nigeria, together with the rest of the world celebrated the World TB Day on the 24th of March 2016. The event was commemorated to create awareness around TB, with the theme "Finding TB, treating TB, working together to end TB". The occasion was graced by the representative of the Wife of President of Nigeria – The first lady of Cross River state - Dr. Linda Ayade; Four (4) Hon. Ministers of Health, Environment, Agriculture and Rural Development were in attendance alongside; USAID Deputy Chief of Party, WHO Country Representative, representatives from other line Ministries, Global Fund, ILEP Partners and other TB stakeholders. Other notable highlights of the day include the unveiling of the First Lady of Nigeria as the TB ambassador by the Hon. Minister of Health – Prof Isaac Adewole.

During the quarter, the Challenge TB project played host to the KNCV Executive Director- Kitty van Weezenbeek and the CTB Director and Head of PMU - Maarten van Cleeff. The purpose of the visit was to garner the support of key policy makers at the Federal Ministry of health, the National TB Program and other TB stakeholders for the successful implementation of the Challenge TB program and support the planning process for APA 2 work plan development. A courtesy visit was paid to The Hon. Minister of Health – Prof Isaac Adewole, the USAID Nigeria Director, WHO Country Representative and GF Principal Recipients (ARFH and IHVN). The major outcome of the meeting is the pledged support received from all of the stakeholders

Pix 2: Group photograph of visiting team with Hon Minister of Health



Technical/administrative challenges and actions to overcome them:

- A major challenge encountered during the quarter is the shortages of recording and reporting materials across the country and the temporary stock out of pediatric TB drugs. With the support of CTB, recording and reporting materials were printed and distributed to the 12 CTB supported states.
- There was logistic challenge in ensuring early arrival of 2nd line anti TB drugs in the states, which resulted in delayed enrolment of patients onto treatment. This was presented to the national PMDT technical working group and at the moment the GF PR for MDR-TB (IHVN) in close collaboration with NTP is strengthening the logistic system using a third party supply system and ensuring availability of at least one month buffer stock at state level.
- Inadequate and shortages of staff due to arbitrary transfer continue to impact on the implementation of activities. The state NTP will continue to dialogue with the LGA Service Commission on retention of trained staff in DOTS units across the states.
- Industrial action (ongoing health worker strikes) and insecurity in some states continues to be a challenge. The project is looking at expanding DOTS to PPM facilities as a measure to address the public health system challenges that continue to have a significant impact

on TB indicators. However, the modality for the engagement of private sector is undergoing review.

Next Steps

- Based on the analysis of the performances at LGA level, specific LGAs will be targeted for accelerated TB case finding.
- Scaling up of TB contact investigation and management of diagnosed TB cases in high burden facilities
- Sputum transportation will be strengthened across the states to optimize utilization of GeneXpert machines for diagnosis of tuberculosis

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <u>met</u> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <u>partially met</u> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <u>not met</u> by Q2 (cumulative for Oct 15 - Mar 16)	
	#	%	#	%	#	%
N						
70	34	48.6%	33	47.1.%	3	4.2%

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Retain local CBOs to provide community education and outreach for case finding and treatment support in hard-to-reach areas (4 states: Akwa Ibom, Benue, Cross River and Osun)	1.2.1	24 outreach activities conducted (6 per state)	24 outreach activities conducted (6 per state)	24 outreach activities conducted (6 per state)	96 outreach activities conducted (24 per state)	<p>CTB continued to engage community CBOs to conduct outreach activities in the identified hard-to-reach areas in 4 states of Akwa Ibom, Benue, Cross Rivers and Osun states. In addition, outreaches were conducted in, Ondo and Lagos states where community members were tested for TB. Information on TB signs and symptoms including Toll free number, availability of diagnostics and treatment services within the communities and close environs were shared to the public during the outreach programs.</p> <ul style="list-style-type: none"> • 55 outreach activities to intensify case finding were held. • 2,107 persons (M994; F1,113) were reached • 432 samples were examined using AFB microcopy and GeneXpert • 69 TB cases were detected and Commenced on treatment 	Met	Outreach activities will continue next quarter
Continuation of context-specific outreach to increase public awareness of TB symptoms and	1.3.1	Evaluation of radio and IEC completed and adapted	Monthly radio messages aired, IEC materials distributed	Monthly radio messages aired, IEC materials distribute	144 monthly radio messages aired	<p>CTB during the quarter continued to support demand creation activities through the radio and the CTB call Center. Additionally CTB also leveraged on the activities of the world TB day to create awareness</p> <ul style="list-style-type: none"> • 	Met	Activity will continue in the coming quarters

where to seek care (12 states)		<ul style="list-style-type: none">• Monthly radio messages aired, IEC materials distributed• Call center sustained	<ul style="list-style-type: none">• Call center sustained	d	<ul style="list-style-type: none">• Call center sustained	1,300,000 IEC materials distributed <ul style="list-style-type: none">• Call center sustained	on TB , signs and symptoms and on availability of treatment services in 12 states through radio jingles aired, in different languages, talk show, road walk, LGA mini rallies etc. Till date a total of: <ul style="list-style-type: none">• 2,057 radio jingles were aired including complementary slots provided by the radio stations. In addition, CTB was able to leverage on the radio jingles patronage to radio stations to anchor phone-in programs on Tuberculosis awareness.• 2,106 calls were answered and concluded from call Centre on TB information• 1100 T-shirts with messages on TB were distributed.• 29 flex and wall banners• 350 face caps• 1000 jotters/pens/folders• 12 LGA mini rallies conducted• 21,152 copies of IEC materials were printed distributed.		
Sensitize HCWs to increase their awareness of TB symptoms and distribute SOPs on intensified case-finding (12 states)	1.3.2	HCWs of 96 facilities sensitized and SOPs distributed <ul style="list-style-type: none">•96 supervisory visits conducted•12 seminars conducted	HCWs of 96 facilities sensitized and SOPs distributed <ul style="list-style-type: none">•96 supervisory visits conducted•12 seminars conducted	HCWs of 96 facilities sensitized and SOPs distributed <ul style="list-style-type: none">•96 supervisory visits conducted•12 seminars conducted	HCWs of 384 facilities sensitized and SOPs distributed <ul style="list-style-type: none">•384 supervisory visits conducted•48 seminars conducted	In order to ensure effective delivery of TB services by health care workers CTB embarked on sensitization of HCW with the aim to increase their awareness of TB symptoms, availability and utilization of GeneXpert services and Challenge TB toll-free number to call for more information about TB. During the sensitizations, participants were introduced to national SOPs on TB case-finding and GeneXpert algorithm. Additionally, the capacity of facility staff built in data management and on facilities-specific problem-solving skills. <ul style="list-style-type: none">• 2,270 (1,237M; 1,033F)	Met	Activity will continue in the coming quarters. Supervisory visits to sites are integrated with other visits to health facilities	

						<p>health care workers (HCWs) were sensitized</p> <ul style="list-style-type: none"> • 765 health facilities sensitized • 1,164 SOPs were distributed to further reinforce the during the sensitization trainings. • 12 Seminars were held during the sensitization meetings 		
Update, print and distribute directories of local diagnostic sites to all health facilities in the state (12 states)	1.3.3	6,606 functional TB service delivery points stratified by LGAs printed and distributed	An updated directory of 6,700 functional TB service delivery points stratified by LGAs printed and distributed	An updated directory of 6,750 functional TB service delivery points stratified by LGAs printed and distributed	<p>26,900 TB service delivery points by LGAs printed and distributed</p> <ul style="list-style-type: none"> • 600 state directories distributed 	<p>It is expected that the directories will be updated every 6 months to incorporate newly established GeneXpert, AFB and DOTS service sites. However,</p> <ul style="list-style-type: none"> • 327 DOTS directories were distributed to identified health facilities from previously printed materials 	Partially met	The printings are done periodically



Fig. 1: Sensitization of staff of OLF Hospital, Osun state on TB and availability of GeneXpert machine for TB diagnosis



Fig 2: Sensitization with staff of OAU Health Centre , Osun state

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Assess factors related to non-performance of microscopy centers and institute appropriate actions to revitalize or replace those centers	2.1.1	75 sites assessed • Faulty microscope s repaired • 40 sites reactivated • Minor renovation of 25 sites completed	Faulty microscope s repaired • 35 sites reactivated		75 sites assessed. • Faulty microscope s repaired • 75 sites reactivated • Minor renovation of 25 sites completed.	In line with the Fix, Expand, Ensure Quality and Demand creation (FEED) strategy of CTB Nigeria, non-functioning DOTS and microscopy sites were assessed during the quarter to ascertain reason for non-functionality with the aim of addressing them where possible. • 75 facilities were assessed • 49 (65%) laboratories were re-activated by CTB during the quarter. • During the assessment where found, faulty microscopes were also repaired and R and R tools provided and staff mentored including on the job training	Partially met	The activity is continuous over the life of project
Expand microscopy sites in low-coverage LGAs	2.1.2	35 labs Microscopy sites established • Orient. of lab staff for 35 sites conducted • 35 labs upgraded • 3,819 biosafety bags distributed • #MDU • 193 biohazard	36 labs Microscopy sites established • Orient. of lab staff for 36 sites conducted • 36 labs upgraded • 3,819 biosafety bags distributed • #MDU • 193 biohazard	3,819 biosafety bags distributed • 193 biohazard bags for DR patients	71 labs Microscopy sites established • Orient. of lab staff for 71 sites conducted • 71 labs upgraded • 15,276 biosafety bags distributed • 7MDU • 777 biohazard	CTB during the quarter took delivery of 94 microscopes and assessed a total of 84 labs for microscopy expansion. In all a total of: • 24 microscopy sites have been established and provided with necessary equipment and supplies • 101 laboratory staff (63 males; 38 females) trained on AFB microscopy • 21 existing laboratory sites renovated • 16,200 bio-safety bags procured and 2400 distributed	Partially met	Delays in arrival of the microscopes have prevented the project from meeting the target. The money for the purchase of 7 Medical Disposal unit has been re-programmed

		bags for DR patients	bags for DR patients		bags for DR patients			
Procure additional GeneXpert instruments for priority areas not covered by GF and Provide technical assistance for installation of GeneXpert machines procured through Global Fund, and support maintenance activities	2.4.1	4 sites upgraded • 4 GeneXpert instruments & accessories installed	NA	NA	4 sites upgraded • 4 GeneXpert instruments & accessories installed	The capacity of laboratory staff in the health facilities was built on the use of GeneXpert assay to detect MTB and Rifampicin resistant TB (including operations, sample processing and cartridge inoculation, all levels of maintenance and troubleshooting). Additionally, health facility and peripheral staff within the LGAs were sensitized. The sensitizations were aimed at educating health care workers on the updated diagnostic algorithms for GeneXpert assay with expanded testing of all presumptive TB patients. Also the staff were sensitized on recording and reporting tools available for the management of DR-TB cases amongst others	Met	Activity completed
PEPFAR: Procure additional GeneXpert instruments for priority areas not covered by GF and Provide technical assistance for installation of GeneXpert machines procured through Global Fund, procure additional cartridges, and support maintenance activities	2.4.2	10 sites upgraded • 10 GeneXpert instruments & accessories installed	NA	NA	10 sites upgraded • 10 GeneXpert instruments & accessories installed • 29 sites were assessed for GeneXpert installation. • 22 GeneXpert machines were installed during the quarter (12 for CTB and 10 for PEPFAR). • 95 laboratory and clinical staff (43M; 52F) were trained.		Met	Activity completed
Develop sputum transport and GeneXpert result reporting systems for suspected DR-TB (11 states with the exception of	2.6.1	9,225 sputa transported and results retrieved.	9,225 sputa transported and results retrieved.	9,225 sputa transported and results retrieved.	36,900 sputa transported and results retrieved.	In order to further boost the utilization of GeneXpert machines across the states and ensure expedient laboratory specimen transport and results feedback system CTB during the quarter supported the implementation of	Partially met	Activity will continue to expand in subsequent quarters

Cross River - culture lab)						<p>sputum log and transportation across the states. The Local Government TBLS were trained on triple packaging. In all, a total of</p> <ul style="list-style-type: none"> • 74 cool boxes were procured and distribution is ongoing in the region as sites are identified. • 7,215 sputa were transported by the LGTBLS to GeneXpert sites 		
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Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Integrate and link 5 selected pediatric service delivery points in each state for intensified case-finding (in 12 states) in collaboration with other USAID partners in Benue, Bauchi & Kano.	3.1.1	30 Facilities sensitized <ul style="list-style-type: none"> • 500 copies of Pediatric desk guides re-printed and distributed • National tools (GeneXpert algorithm and R & R tools) distributed 	NA	NA	30 Facilities sensitized <ul style="list-style-type: none"> • 500 copies of Pediatric desk guides re-printed and distributed • National tools (GeneXpert algorithm and R & R tools) distributed 	In continuation of the mapping of high load pediatric sites, Niger, Benue and Kano states identified 5 pediatric sites and trained pediatricians on identification of childhood TB cases. a 3-day sensitization of Clinicians at selected pediatric services delivery points were held and aimed at integrating and linking high load pediatric service delivery points in each state to intensify TB case-finding in children. Thus far 7 states carried out this activity (Lagos, Ondo, Osun, Benue, Niger, Kano and Katsina). The sensitization meetings were <ul style="list-style-type: none"> • 35 pediatric sites linked for 	Partially met	The desk guides are yet to be printed because there is need for a review and update of the guide by the NTP. See activity 10.1.3 for part National tools printed

						<p>intensified case finding</p> <ul style="list-style-type: none"> • 260 Clinicians (116 M; 144F) were sensitized on childhood TB services • Relevant NTP R&R tools were also provided to the facilities. • 50 TB national guidelines were supplied to all facilities. • 14 supervision follow-up visits were carried out by trained pediatricians to pediatric sites in Ondo and Lagos states. <p>The sites were mentored on SOPs on Childhood TB diagnosis and management and GeneXpert algorithm</p>		
Work in collaboration with other PEPFAR/USG Implementing Partners (IPs) to integrate TB screening into Orphans & Vulnerable Children (OVC) programs in 8 states (Akwa Ibom, Lagos, Katsina, Bauchi, Kano, Niger, Enugu, Benue) KNCV 8 states	3.1.2	MoU with Implementing Partners (IPs) established in each state	NA	NA		<p>Orphans and Vulnerable Children (OVCs) care in Lagos state is implemented by several partners. Since August 2014, approximately 32,000 OVCs have been enrolled across 12,500 households and 5 CBOs currently support activities in these LGAs in Lagos State. KNCV through CTB project developed and shared with stakeholders a detailed step-by-step approach and screening tool/ questionnaire for the screening of all enrolled OVCs. Consequently, within the period, screening of children at correctional / child welfare centers commenced during the planned HCT carried out by CDC/APIN at these centers. Samples obtained from symptomatic OVCs (Presumptive TB cases) were transported to nearest GeneXpert site for investigation. Data is yet to be compiled. Similarly in Akwa Ibom region, 4 CBOs were identified and engaged. Outreach activities among the children are yet</p>	Partially met	This activity was planned in CTB Nigeria Period 1 budget and scheduled for Q4 and recruitment of staff was only completed in August. CTB KNCV deferred the activity to Q1.

						to commence.		
Link health services of large companies with NTBLCP structures in 5 states (Lagos, Rivers, Akwa Ibom, Kano and Cross River) KNCV 5 states	3.1.3	Large companies mapped and health services assessed	NA	NA		In continuation of linkage of services of large health companies to NTBLCP structures within the States, the CTB staff in Kano identified five (5) Companies through the private clinics of companies' registration unit of the Health Management Board. Two (2) companies were fully integrated to TB, while advocacies were conducted to the remaining 3. CTB will continue to intensify efforts in this regard.	Met	
A) Conduct assessments of high-volume ART/TB sites and mentor staff to implement the FAST strategy (3 states) Lagos Akwa Ibom, Benue)	3.1.4	A). 9 facility staff trained to establish FAST A). 150 facility staff orientated on FAST A). 15 facilities provided w/ supervision & mentoring	A). 15 monthly mentoring visits conducted	A). 15 monthly mentoring visits conducted	A). 9 facility staff trained to establish FAST A). 150 facility staff orientated on FAST A). 60 facilities provided w/ supervision & mentoring	Following the Technical assistance visit provided by Dr Max Meis on FAST strategy and the conduct of ToT in Lagos, 7 other High volume ART/TB sites namely were identified in Benue (GH Wannune, Logo, Vandeikya, and Makurdi) and Lagos (GH Badagry, Orile Agege GH and Ojo PHC) States for the implementation of FAST: <ul style="list-style-type: none"> • 68 persons (M39; F29) were trained on FAST • 178 participants (98 males; 80 females) were sensitized on FAST strategy. • The average time to diagnoses and treatment was greater than 5 days. CTB hopes to improve on these in coming quarters to achieve average time to diagnosis < 2 days. 	Partially met	The activity will expand in the subsequent quarters in other sites identified and monthly mentoring visits conducted
Identify key private and public sector facilities and expand DOTS	3.2.1	Orientation & mentoring for HCWs	Orientation & mentoring for HCWs	Orientation & mentoring for HCWs	Orientation & mentoring for HCWs	To further engage all service providers in the delivery of TB service, CTB during the quarter expanded DOTS services to private	Partially met	The activity is yet to take off fully in all states due partially to late

to additional locations in 12 states		conducted at 50 HFs.	conducted at 50 HFs.	HCWs conducted at 51 HFs.	conducted at 151 HFs	<p>facilities and identified new public health facilities in states where there were no private facilities to expand services.</p> <ul style="list-style-type: none"> • 5 DOTS facilities were renovated during the quarter. • 43 DOTS sites established (21 private and 22 public facilities). • 120 persons (M78; F42) were trained to provide TB DOT services. CTB team ensured that the facilities were provided tools and mentored on the NTP recording and reporting materials. • 63 nonfunctioning DOTS sites were reactivated • 54 (M42; F12) GHCW were mentored on TB sign and symptoms, diagnosis and referral 		delivery of microscopes as some sites might require diagnostic services
Engage patent medicine vendors (PMVs) in community outreach, case finding, and treatment support in 5 states (Cross River, Lagos, Rivers, Kano & Katsina)	3.2.2	<p>One-day orientation conducted</p> <ul style="list-style-type: none"> • R&R tools and TB directory distributed to all PMVs. • 9 one-day monthly mtgs conducted across 5 states 	9 one-day monthly mtgs conducted across 5 states	9 one-day monthly mtgs conducted across 5 states	<p>One-day orientation conducted</p> <ul style="list-style-type: none"> • R&R tools and TB directory distributed. • 36 one-day monthly mtgs conducted across 5 states. 	<p>During the quarter CTB commenced the engagement and mapping of PMV in Cross Rivers and Rivers for the purpose of assisting in the identification and referral of presumptive TB case in the communities and the provision of treatment support for patients enrolled into care. After the mapping exercise the PMVs were orientated on their roles and the need for timely reporting. In all, a total of</p> <ul style="list-style-type: none"> • 470 PMV and Community Pharmacists (CPs) were mapped in Cross Rivers and Rivers state • 90 PMVs and CPs orientated 	Partially met	The other states will commence mapping next quarter

Establish and or Scale up ambulatory DR-TB care, including patient treatment adherence support (baseline investigation, auxiliary drugs, prevention and management of Adverse Drug Reactions) to 10 states. (Lagos and Kano are covered by USAID through FHI360.)	3.2.3	Support provided for existing and enrollment of new DR-TB patients	Support provided for existing and enrollment of new DR-TB patients	Support provided for existing and enrollment of new DR-TB patients	Support provided for existing and enrollment of new DR-TB patients	<p>CTB in its effort to bridge the gap between DR-TB cases diagnosed and enrolled into care continued to support enrolment into care of DR-TB patient at the community level. The process for this includes baseline investigations, follow up sputum investigation, hearing aid and ancillary drugs where necessary and provision of patient support for those on care.</p> <ul style="list-style-type: none"> • 91 (M66; F25) DR-TB patients were newly enrolled into community care during the quarter • 183 (M134; F49) patients cumulatively enrolled on treatment at the community level in the two quarters. • 396 DR TB patients are provided support in communities across the 12 states. <p>Those provided support include all those discharged from treatment facilities into the community.</p>	Partially met	Activity will continue in subsequent quarters
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Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activit y #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Implement contact tracing for bacteriologically positive pulmonary TB cases in 12 states	4.1.1.	150 sputum transportat ion boxes provided • HCWs	150 sputum transportat ion boxes provided • HCWs	150 sputum transport ation boxes provided	605 sputum transportat ion boxes provided • HCWs	In an effort to curtail the transmission of TB in household of TB patients, Health Care Workers were sensitized to increase their awareness of and to carry out contact tracing for bacteriologically	Partially met	The system has just been introduced in others. The activity will expand in next quarter

		supported with transport or telephone vouchers	supported with transport or telephone vouchers	<ul style="list-style-type: none"> • HCWs supported with transport or telephone vouchers 	supported with 6,240 transport or telephone vouchers	<p>diagnosed pulmonary TB patients. Appropriate tools were provided them to monitor the implementation.</p> <ul style="list-style-type: none"> • 20 (M1; F19) health workers were sensitized and provided SOPs, contact tracing registers and cool boxes for sputum transport. • 177 TB patient households were visited within the LGAs, • 518 household members screened • 162 sputum samples were collected • 16 MTB cases were detected <p>The visits also provided opportunity to provide TB education to household members.</p>		
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Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activit y #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Review and finalize state-specific operational plans through technical assistance to local teams (in GF co-located states, this is a joint activity covered under CTB funding) in 12 states	7.1.1	Stakeholders meeting held <ul style="list-style-type: none">Draft of 6 states' operational plan finalized	Advocacy visits conducted to 6 states <ul style="list-style-type: none">operational plan of 6 states approved & implemented		Advocacy visits conducted to 6 states <ul style="list-style-type: none">operational plan of 6 states approved & implemented	CTB during the quarter supported six states in the development of state Strategic plans from 14th - 18th December, 2015. The plans will also serve as a means for resource mobilization from both government and partners. <ul style="list-style-type: none">6 zero drafts of state operational plans were developed and shared	Partially met	The CTB country office team will work with the consultants to finalize the plans May 2 nd -6 th 2016
Organize and conduct baseline	7.1.2	NA	NA	Baseline assessme	Baseline assessment	The three additional states to be provided support by CTB were	NA	The activity will take place next

assessment in 3 Band-3 states				nt conducted	conducted	recently identified. The states are Nasarawa, Abia and Ogun states. The State control officers for the 3 states will participate in the work plan development process next quarter. The baseline assessments for the states will be conducted next quarter		quarter
Technical assistance to state teams for effective planning, supervision and data reviews for all 12 states	7.2.1	Technical assistance provided to states • 151 LGA supervisors trained on electronic data management systems	Technical assistance provided to states	Technical assistance provided to states	Technical assistance provided to states • 151 LGA supervisors trained on electronic data management systems	Supervision & mentoring visits to DOTS, TB microscopy and GeneXpert sites were carried out during the quarter to all the states by the CTB team. In all, a total of 322 supervisory visits were planned during the quarter and 231 (72%) were conducted. Key issues addressed during the supervision include the review and update of documentation, on-the-job mentorship and capacity building of HCW to address identified gaps on TB management and enhanced service delivery, replacement of some outdated tools, printing and distribution of R&R tools were not available; advocacy to state and LGA authorities for uninterrupted political and financial commitment to State TB Programme.	Partially met	The NTP is piloting the electronic data management system in 4 states (Ondo, Lagos, Oyo and Ogun). The lessons learned from the process will inform the scale up to the other states.
Provide a long term Technical Assistance to NTP on quality planning, implementation, M&E and partners coordination for all interventions (National level-WHO Leads)	7.2.2					Additionally, CTB staff supported the planning and implementation of quarterly review meetings across the states. The meetings provide opportunity for the collation and validation of statistical data, review of program performance, providing updates on new developments in the program and continuing professional development channel participants especially LG TBL Supervisors.	Partially met	

Organize quarterly a 1 day partner's forum meeting in 12 states	7.2.3	State partners forum meeting held	State partners forum meeting held	State partners forum meeting held	State partners forum meeting held	A one day partner's forum meeting was held in the state Niger, Benue, Ondo, Osun and Lagos States with key implementing partners involved in TB/HIV with the aim to introduce the Challenge TB project to TB/HIV stakeholders in the state; brainstorm on complementarity of roles for improve performance and to identify issues and challenges with a view to resolving them. The absence of TB R&R tools at ART facilities (and vice versa) resulting in missed opportunities was discussed likewise the lack/or poor use of HIV/TB national algorithms; high staff attrition and the need for Partners to share information and provide feedbacks.	Partially met	The activity will continue in subsequent quarters
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Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activit y #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Integrate data quality variables into the supervisory checklist and assess data quality bi-annually for 12 states -	10.1.1	Mentoring to facilities conducted	Mentoring to facilities conducted	Mentoring to facilities conducte d	Mentoring to 1,341 facilities conducted		Not met	The NTP is presently piloting the use of e-TB manager for susceptible TB. Activity is put on hold so emerging issues from e-TB manager pilot can be incorporated into the checklist
Continuation of the inventory assessment for TB services to evaluate the extent of under-	10.1.2	Assessmen t and inventory conducted	Assessmen t and inventory conducted	Data analyzed	Assessmen t and inventory conducted • Data	As a follow up to previous planning visit; a technical assistance visit was made by Ellen Mitchell and Christina Mergenthaler from 18 th - 22 nd Jan 2016. Duringthe visit, a	Partially met	The study is planned to take off in May 2016

notification of diagnosed cases of TB in Lagos State					analyzed • Report written	draft protocol was developed as well as a checklist of requirements that will precede the study (tools, research ethics certification, human resource to be engaged etc.). The draft plan/protocol will be presented in April at the KNCV supported 41 st Tuberculosis Surveillance and Research Unit Meeting to be held in The London School of Hygiene and Tropical Medicine London. Additionally, A selection of 5-10 candidates has been shortlisted for interview for the study. The interviews will take place in April 2016.		
Print all program recording and reporting tools (25% of estimated need in CTB project area)	10.1.3	Documents printed	NA	NA	Documents printed	<p>During the quarter CTB provided upstream support in the printing of The National recording and reporting materials to bridge the gap in the stock out of National tools pending Global fund printing and distribution. The tools were distributed to the CTB 12 supported states irrespective of coverage area. The manuals will aid GHCWs and stakeholders alike in the management and implementation of strategies for the control of TB, Leprosy and Buruli.</p> <ul style="list-style-type: none"> • 700 copies of National TBL and Buruli Ulcer Management guideline printed • 528 manuals have been distributed to CTB supported states and identified stakeholders. • 75,000 treatment cards printed • 85,000 Patient appointment cards printed • 10,000 sputum request forms • 2,000 Laboratory Registers and • 5,000 Presumptive clinic register 	Met	Printing is based on need

Sub-objective:12	Technical Supervision							
Planned Key Activities for the Current Year	Activit y #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Technical supervision - KNCV	12.1.1	NA	TA Visit	NA	TA Visit	Technical assistance visit were conducted by a team of KNCV staff from HQ to provide administrative and technical support to the Nigeria CTB team for preparation of the APA2 work plan draft narrative. Tasks included facilitation, review of CTB strategy and technical progress, specific support on laboratory and PMDT components, and a debrief meeting was held with USAID. Recommendations from the visit amongst other include the need to focus APA2 interventions on the private sector to try to improve case-finding; improving recording and reporting skills at the local level and rolling out e-TB Manager are high priorities to ensure good data for decision-making; focus public sector efforts on low-cost interventions—expanding suspicion of TB among HCWs in high-volume public facilities and mechanisms for referral, revitalizing existing diagnostic and treatment services. A draft of the narrative was developed.	Partially met	

APA2 TB Funds (Pre-approved activity)								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Provide support for national laboratory assessment organized by USAID in collaboration with N.T.P.	2.2.1	N/A	N/A	1) + 3) Petra de Haas and 16 person team sent to provide TA in and participate in USAID lab assessment	2) Support implementation of action plan on the lab assessment in the 15 CTB states 1) One additional TA trip done by Petra de Haas	With pre approval from USAID, the CTB project supported the visit of Petra de Haas (KNCV) and Prof Moses Joloba (Supra-national reference laboratory Uganda) as part of the National laboratory assessment team visit to Nigeria in collaboration with other external consultants from March 14 th -25 th 2016. The purpose of the visit was to assess Nigeria's TB diagnostic network to improve capacity of the TB diagnostic network to increase detection of TB and MDR-TB. Findings from the assessment revealed an unclear national TB diagnostic algorithm and inconsistent process for referral to further tests; ongoing power outages that hinder consistent culture service provision; underutilization of GeneXpert machines amongst others. A comprehensive report is expected and key recommendations will be incorporated into APA2 implementation	Met	Completed.
In-country political commitment strengthened	7.2	NA	NA	NA	One TA Trip by Dr Gidado	As part of the strengthening of the engagement of PPM activities in country Dr Mustapha Gidado participated in a 3 day trip to India to attend Global PPM conference together with a representative from NTP. The purpose of the meeting was to see the possibilities of re-	Met	Completed.

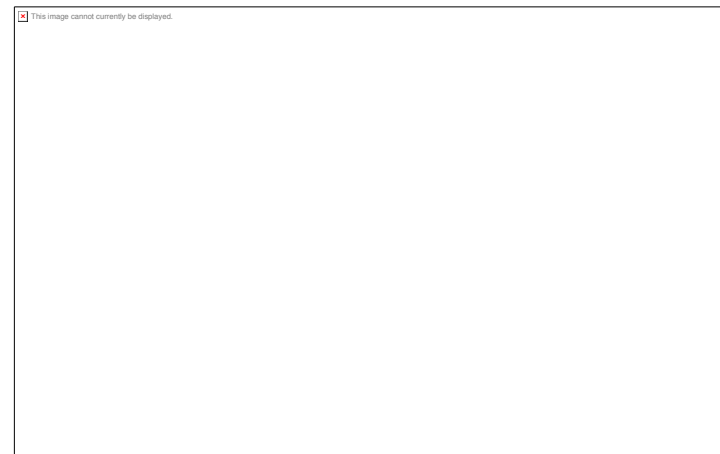
						thinking the strategic approach for PPM in Nigeria. As a follow up, USAID with CTB project will be conducting an assessment in Nigeria with the aim of re-strategizing the PPM engagement.		
Staffing and Operations						In continued support for the delivery of quality PMDT services in country, CTB during the quarter engaged eight (8) additional PMDT staff to assist in the enrolment of DR-TB patients into care and monitoring of DR-TB patients under care in the various communities. In addition, the hired staffs are expected to ensure proper documentation, monitor patients' adherence and adverse drug reactions; and ensure that patients enrolled are provided the necessary follow up investigations.	Met	Completed
World TB day						The Challenge TB team in Nigeria including WHO staff planned several outreach activities and events around World TB Day. These included appearances in various radio and television stations, community outreaches, rallies and walks as well as visits to several faith based organizations. At one of such events in Bauchi state which took place at the Palace of the district head of Miri in Bauchi LGA and was well attended by political, community, traditional and religious leaders as well as development partners, people from the community. Speakers at the event included the Governor of Bauchi state represented by the deputy governor, wife of the state Governor, Commissioner of Health	Met	Completed

						represented by Permanent Secretary MOH, Emir of Bauchi represented by the chief Imam of Bauchi and the executive secretary of Bauchi State Action Committee on AIDS, TB and Malaria.		
TA support by WHO in planning and conducting International Assessment of TB Diagnosis in Nigeria						WHO/CTB Supported the NTBLCP in planning and conducting the Joint International Assessment of TB diagnostic Network in Nigeria from 14th - 23rd March 2016. The objective of this assessment is to comprehensively assess Nigeria's TB diagnostic network to improve capacity of the TB diagnostic network to increase detection of TB and MDR-TB, as part of an integrated public health laboratory network. 8 states (FCT, Plateau, Lagos, Oyo, Kaduna, Kano, Cross River and Rivers) were visited by 4 teams during the assessment. Key priority areas for intervention include: Enact policy and mandate for the diagnostic network structure; Strengthen and enforce adherence to single national diagnostic algorithm; Federal government leadership for implementation and Coordinate an integrated sample referral mechanism.	Met	Completed
TA by WHO in Preparation of Draft 2015 TB Annual Report						The WHO/CTB project provided technical support to the NTBLCP in the preparation of the draft 2015 Annual National TBL Program report. Technical support was provided in the development of key thematic areas of the annual report such as DOTS expansion, TB/HIV collaborative activities , PPM DOTS, DR-TB and other areas. The report	Met	Completed

						is expected to be finalized and printed in April 2016		
TA by WHO planning, mobilizing resources and commemoration of the 2016 World TB Day on 24th March 2016						WHO staff in conjunction with the NTP and other stakeholders participated in the 2016 World TB Day celebration. The Theme for this year celebration in Nigeria is "Find TB, Treat TB" and working together to eliminate Tuberculosis. The hallmark of the Nigeria celebration is the Honorable Minister of Health investiture of the wife of the Nigerian President; Mrs. Aisha Muhammadu Buhari, as the 'Nigerian Tuberculosis Champion' and other 6 Nigerian dignitaries as, "Nigerian TB Advocates'. The six were the Honorable Minister of Environment, Honorable Minister of Agriculture and rural development, Honorable Minister of Education, Honorable Minister of Information and Culture, Honorable Minister of Power, Works and Housing, the Chairman Senate House committee on Health, and Chairman house committee on AIDS, Tuberculosis and Malaria (ATM).	Met	Completed



Pix 2: The deputy governor of Bauchi state speaking at World TB Day



Pix 3: Street Rally in Kano City, Kano State

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
IHVN	A1	A1	\$35.2Million	\$27.6 Million	NA
ARFH	B1	B1	\$95.1Million	\$91.8 Million	NA

* Since January 2010. The rating provided for ARFH was from the presentation made during work plan meeting in March 2016 not Aidsplan

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

- Currently the GF is implementing another 6 months approved work plan for both grants. In the process, the GF has commenced the signing of MOUs with all the respective states whilst strengthening oversight functions on sub recipients (ILEP Partners). Within the reporting quarter coordination mechanism between the GF, USAID and NTP is being strengthened by the implementation of agreements for effective coordination. There is generally a better coordination in the CTB /GF co located states through the partner's forum and joint supervision among implementing partners to three states (Bauchi, Akwa Ibom and Osun).
- In addition, WHO/CTB staff provided support to the NTBLCP and the GF PR in facilitating the Annual data review, harmonization and validation workshop. This workshop was held from 30th March 2016 to 1st April 2016. Key outcomes of the workshop include: The review and harmonization of existing databases for DOTS expansion and Training databases for year 2016. Similarly, the existing databases for AFB microscopy expansion aligned with the Training database and Microscope distribution amongst others were reviewed. The case notification data (M&E) were reviewed alongside the



drug consumption data and harmonized. Identified gaps were resolved and appropriate recommendations made for improving data quality in the country. Eg the submission of multiple case finding data by one state. In this instance visits were paid to the state and the finalized figure obtained. Also in some instances the consumption was not aligned with the case finding data.

- WHO/CTB staff facilitated the startup meeting for the NFM implementation from 6th - 9th January 2016 in Abuja, the program managers from the 22 high burden states participated in this meeting, key actions points to fast track the implementation of the NFM were developed during the meetings for all the TB thematic areas such as PPM, TB/HIV, DR-TB, DOTS Expansion and key programme issues. WHO is following up action points through e-mail and It is expected that updates on key action points will be provided during planning cell meetings. One of the way the action point will be monitored will be

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

- There were shortages of pediatric drugs and recording and reporting materials during the quarter. All partners and stakeholders supported the program to expedite the order. Drugs have now been cleared and distributed to states. Also CTB supported the program to print R&R tools for twelve states as a gap filling measure.

4. Success Stories – Planning and Development

Planned success story title:	Taking Advantage of Opportunities; 8 Missing Cases Found During the World TB Day Celebrations in Lagos State
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	<p>The 2016 World TB Day was observed on the 24th of March across the world. In Nigeria, the event was commemorated to create awareness around TB, with the theme "Finding TB, treating TB, working together to end TB". The Challenge TB team in Nigeria planned several outreach activities and events around the World TB Day. These included appearances in various radio and television stations, community outreach, rallies and walks as well as visits to several faith based organizations.</p> <p>Amidst the celebrations, the CTB team in Lagos was all about finding missing cases of TB in the State. Taking advantage of the large crowds that gathered due to the music and publicity from previous days, the team went straight to work collecting sputum samples from members of the public after creating awareness on TB. The team identified presumptive cases and had sputum samples collected. By sunset, 200 sputum samples had been retrieved from community members who participated in the event and tested using GeneXpert. A total of 8 new cases were detected. Two (2) out of the 8 new cases were children who could have easily been missed. All 8 patients have commenced treatment and thanks to the efforts of the Lagos team; what was meant to be a celebration and awareness creation turned out to be a successful case-finding campaign.</p> <div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <p>Figure 2: The Lagos Team Sharing <i>Flyers</i></p> <p>Figure 3: Lagos State World TB Day Street Rally</p> </div>

Status update:

Draft pending HQ Approval

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	95	39	Data reported here is RR cases diagnosed using GeneXpert from the CTB supported States. Data for 3 states yet to be provided (Lagos and Ondo). Data reported for initiated on treatment is for community PMDT in the 12 supported states. This will be provided after the zonal review meeting takes place.
Total 2012	107	225	
Total 2013	669	432	
Total 2014	798	423	
Total 2015	1,279	551	
Jan-Mar 2016	114	91	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on Bedaquiline (BDQ) or Delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						Data for the denominator will be provided after the zonal review meeting (for Q2: fixed at 27-28 April)
	Akwa Ibom	602	717				
	Bauchi	735	833				
	Benue	1,028	1,210				
	Cross Rivers	385	472				
	Enugu	374	423				
	Lagos	2,214	2,145				
	Niger	392	455				
	Kano	1,453	1,740				
	Katsina	715	833				
	Ondo	487	489				
	Osun	604	671				
	Rivers	611	626				
	TB cases (all forms) notified for all CTB areas	9,600	10,614				
	All TB cases (all forms) notified nationwide (denominator)	21,859	NA				
	% of national cases notified in CTB geographic areas	43.9%	NA				
Intervention (setting/population/approach)							
Children (0-14)	CTB geographic focus for this intervention	12 states	12 states				
	TB cases (all forms) notified from this intervention	587	585				
	All TB cases notified in this CTB area (denominator)	9,600	10,614				
	% of cases notified from this intervention	6.1%	5.5%				
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	12 states	12 states				Data reported here excludes Lagos
	TB cases (all forms) notified from this intervention	956	755				
	All TB cases notified in this CTB area (denominator)	9,600	10,614				
	% of cases notified from this intervention	10%	7.1%				

Reported by prisons	CTB geographic focus for this intervention	12 states	12 states				
	TB cases (all forms) notified from this intervention	43	43				
	All TB cases notified in this CTB area (denominator)	9,600	10,614				
	% of cases notified from this intervention	0.4%	0.4%				

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Dr Max Meis	x				Patient Centered Care and treatment	Complete	13/11/2015	5 days	FAST Strategy Implementation
2	KNCV	Dr Victor Ombeka	x				Patient Centered Care and treatment	Pending			Community PMDT
3	KNCV	Ellen Mitchell	x				Quality data, surveillance & M&E	Complete	15/01/2016	6 days	Assessment of TB Services
4	KNCV	Kelly Schut	x				Technical Supervision	Complete	13/11/2015	9 days	Back stop Project officer
5	KNCV	Jan Willem Dogger	x				Technical Supervision	Complete	13/11/2015	9 days	Back stop Project Management
6	KNCV	Ellen Jane-Burgrust			x		Technical Supervision	Complete	13/11/2015	9 days	Back stop Finance
7	KNCV	Dr Jerod Scholten	x				Work plan development	Complete	23/01/2016	13 days	Technical backstop
8	KNCV	Dr Jerod Scholten		x	x			Pending			Technical backstop
9	KNCV	D'Arcy Richardson						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
10	KNCV	Donna Bjerregaard						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
11	KNCV	Dr Chishala Chabala						Complete	30/10/2015		Pediatric TB finding/OVC partner planning
12	KNCV	Dr Gunta Dravniece						Complete	27/11/2015		PMDT and introduction of new regimens and drugs
13	KNCV	D'Arcy Richardson		x			Work plan development	Complete	22/01/2016	12 days	APA 2 Work plan development
14	KNCV	Kathleen England		x			Work plan development	Complete	22/01/2016	6 days	APA 2 Work plan development
15	KNCV	Victor Ombeka		x			Work plan development	Complete	22/01/2016	6 days	APA 2 Work plan development

16	KNCV	Christina Mergenthaler		x			Work plan development	Complete	22/01/2016	6 days	APA 2 Work plan development
17	KNCV	Kitty van Weezenbeek		x			Advocacy/ Political commitment	Complete	13/01/2016	2 days	APA 2 Work plan development
18	KNCV	Maarten Van Cleeff		x			Advocacy/ Political commitment	Complete	14/01/2016	3 days	APA 2 Work plan development
19	KNCV	Petra de Haas		x			Laboratory Assessment	Complete	25/03/2016	13 days	USAID Laboratory Assessment
9								Choose an item.			
10								Choose an item.			
Total number of visits conducted (cumulative for fiscal year)								17			
Total number of visits planned in approved work plan								12			
Percent of planned international consultant visits conducted								142%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.2.3 NIGERIA SPECIFIC: # presumptive TB cases identified by CBOs in hard to reach areas	NA	Quarterly	NA	NA	816 presumptive cases referred from Hard to reach areas. This is a 16.7% increase over previous quarter's data (699). Cumulatively, 2069 presumptive cases have been referred in hard to reach areas	Activity commenced in 3 states (Akwa Ibom, Cross River and Osun). Activity will commence in Benue state next quarter
1.2.4 # TB cases notified through CBOs in hard to reach areas	NA	Quarterly	NA	NA	120 TB cases notified from hard to reach areas during the quarter. This is a 9.7% decrease from previous quarter data of TB 133 cases notified. In all a total of 463 TB cases were notified from hard to reach areas	Activity commenced in 3 states (Akwa Ibom, Cross River and Osun). Activity will commence in Benue state next quarter
1.3.3 NIGERIA SPECIFIC: Number of presumptive TB cases tested	NA	Quarterly	FY 14 Total Presumptive TB cases =172,040	F Y 16 Total Presumptive TB cases = 242,72		Data validation is still ongoing in the state on the indicator

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.1 # of laboratories performing microscopy (stratified by LED florescence, Ziehl-Neelsen)	stratified by LED florescence, Ziehl-Neelsen)	Annually	In 2014, 387 laboratories in the 12 states	Additional 96 microscopy sites established. Total labs = 507	24 Labs were established during the quarter. This brings total labs to 420 in the CTB supported states	CTB recently took delivery of procured microscopes. The expansion of labs will continue next quarter
2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	NA	Annually	TBD	NA	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.2.2 #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	NA	Quarterly	CTB states: 97% concordance rate (2014)	95% is benchmark for national, so same as target		The data is undergoing validation at the NTP
2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	NA	Annually	National: 3 of the 6 NRLS functioning well	NA	Measured annually	6 are functioning a at Dec 2015 and have the capacity for the conduct of DST for first and second line anti-TB drugs
2.2.7 Number of GLI-approved TB microscopy network standards met	NA	Annually	TBD	NA	Measured annually	
2.4.1 GeneXpert machine coverage per population (stratified by Challenge TB, other)	CTB States	Quarterly	CTB: 23 Xpert machines in 12 states (2014) 2015 = 31	27 additional Xpert machines + existing 31 machines = 58 total Xpert machines in 12 states.	22 machines installed this quarter. Cumulatively, 47 machines across the 12 supported states.	This figure include the 12 machines procured through PEPFAR fund
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	CTB States	Annually	100%	100%	Measured annually	
2.4.3. MTB positivity rate of Xpert test results	CTB States	Quarterly	FY 15 baseline	100%	CTB 12 states = 2084/11,849 =17.6% during the quarter	Data validation is ongoing for 2 states (Lagos, Ondo states)
2.4.4. Rifampicin resistance rate of Xpert test results	CTB States	Quarterly	FY 15 baseline	NA	12 CTB states =114/11,849=1%	Data validation is ongoing for 2 states (Lagos, Ondo states)
2.4.5. % unsuccessful Xpert tests	CTB State	Quarterly	FY 15 baseline	Below 3.5%	12 CTB states=948/12,797=7.4%	Data validation is ongoing for 2 states (Lagos, Ondo states)

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.4.7. % of labs using WHO approved rapid diagnostic tools (disaggregated by type: Xpert MTB/RIF, LPA, etc.)	CTB State	Quarterly	25 (FY 15 baseline)	NA for LPA CTB: Gene Xpert = 58	There are currently 47 GeneXpert machines installed in CTB supported LGA	CTB does not support Line Probe Assay
2.4.8 NIGERIA SPECIFIC: Number of Xpert MTB/RIF assays performed	CTB States	Quarterly	FY 15 baseline	350 * quarter (4) * 58 machines = 81,200 tests	12,797 representing an increase of 30.6% over last quarter's data of 9794. Cumulatively, 29,803 tests were conducted.	Data validation is ongoing for 3 states (Lagos, Niger and Ondo states)
2.6.7. NIGERIA SPECIFIC: # of sputum samples transported to GeneXpert sites with documented results	CTB States	Quarterly	FY 15 baseline	75 samples/month	5405 samples were transported to Gene Xpert sites during the quarter. An increase of 198% over last quarter's data (1811). Cumulatively, 7,437 samples have been transported to Gene Xpert sites	The transportation system will be scaled up in other states next quarter
2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result	CTB States	Quarterly	TBD	CTB LGAs 95%		Data still undergoing validation

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.)	NA	Quarterly	Total TB cases notified (all forms) = 17,204 (baseline for 151 LGAs 2014)	FY 16 Total TB cases notified - Annual (all forms) in 2016 = 24,273	10,614 all forms of TB cases notified during the quarter an increase of 10.5% over last quarters data (9600) Cumulatively till date for FY 16 20,214 TB cases notified	CTB 12 Supported States

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.2. #/% of cases notified (new confirmed)	CTB states	Quarterly	92% of 17,204 = 15,828	92% of 24,273 = 22,331	CTB 12 states =6643 (62.5%) compared to 5877 =(61.2%) in Q4 2015	
3.1.3. Case notification rate	CTB states	Annually	National = 52/100,000 (2014) CNR for assigned LGAs (CTB): 45/100,000	CNR for assigned LGAs = 63	Measured annually	
3.1.4 # of MDR-TB cases detected	National and CTB states	quarterly	Total FY 15 = 237	Total FY 16 = 1,191	106 Rif cases this quarter Cumulatively, 409 Rif+ cases have been notified	Data validation is ongoing for 3 states (Lagos, = and Ondo states)
3.1.7. Childhood TB approach implemented	CTB states	Annually	NA	3	Measured annually	To be reported annually
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	CTB states	Quarterly	10%	10%	585 (5.5%) 587(6.1%) childhood TB cases reported during the quarter representing a decrease of 0.3% over last quarter's figure of 587 6.1%) Cumulatively, 1,683 Childhood TB cases reported	Data is for all 12 states
3.2.1 Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	National and CTB states	Annually	Total FY 15 = 91%	Total FY 16 = 94%	2,702/3,047 = 88.7% compared with 3,871/4,480=86.4% reported last quarter.	Data for Enugu, Katsina, Lagos and Rivers still undergoing validation
3.2.3. #/% of HFs with TB services/DOTS	CTB states	annually	FY 15 = 1,190 existing DOTS centers/CTB and 2,307 for the whole states	FY 16 - Additional 151 new sites + existing 1,190 = 1,341 for only CTB LGAs	Measured annually	
3.2.4 Number of MDR-TB cases initiating second-line treatment	National and CTB states	quarterly	Total FY 15 = 226	Total FY 16 = 1,132	91 (66M; F25) were enrolled into community care in the 12 CTB supported states.	Data validation in ongoing in states to obtain total enrolment

Sub-objective:		3. Patient-centered care and treatment					
Performance indicator		Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
i.	Number and percent of MDR-TB cases successfully treated	National and CTB states	annually	61%	65%	Measured annually	
	3.2.9. % of MDR-TB patients still on treatment and culture negative 6 months after starting MDR-TB treatment	CTB states	annually	baseline as at Q1 2014, Community PMDT = 68.5%	Maintain Community PMDT = 70%	Measured annually	
	3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment	CTB states	quarterly	National: 87% tested for HIV - (2013) CTB assigned LGAs: 73.2%	100%	1,550/1,883= 82.3% compared to 1,323/1,570=84.3% last quarter	
	3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB states	quarterly	National: 67% (2013) CTB assigned LGAs : 60.6% (2014)	>75%	612/1,883=32.5% compared to 1,166/1,570=74.3% last quarter	
	3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB states	quarterly	National: 88% tested for HIV - (2013) CTB assigned LGAs: 82.2%	100%	10,169/10,614 =95.8% which is about the same proportion with a test result last quarter (9,219/9,600=96%)	
	3.2.22. #/% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	CTB states	quarterly	National: 56% of enrolled patients managed by a TS (treatment supporter) (2013) CTB: TBD	70%	8,141/10,614= 76.7 compared to 6,953/9,600=69% last quarter	
	3.2.24 % MDR patients who receive social or economic benefits	CTB states	annually	100%	100%	100% of those enrolled into care	

Sub-objective:	4. Targeted screening for active TB
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	CTB states	quarterly	TBD	CTB Target TBD after baseline is set	1,081 children were screened for IPT and 948 (87.7%) are eligible compared to 1,181 were screened for IPT and 924 (78.2%) eligible for IPT last quarter Cumulatively 3,168 children have been screened for IPT and 2,615 eligible (82.5%)	

Sub-objective:	5. Infection Control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	CTB states	quarterly	TBD	12 facilities	12 facilities in 6 states	
5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that meet minimum infection control standards			TBD	Target will be set after the baseline		
5.2.3 Number and % of health care workers diagnosed with TB during reporting period	CTB states	quarterly	TBD	TBD		

Sub-objective:	6. Management of Latent TB Infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11 Number of children under the age of 5 years who initiate IPT	CTB states	Quarterly		CTB Target will be set after the baseline	684/948= 72.1% were placed on IPT compared to 625/924 =67.6 last quarter. Cumulatively, 1,812/2,615=69.3% have been placed on IPT	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.1.1. % of the national TB strategic plan that is funded (from government funds, Global Fund grants, donors, etc.)	CTB states	annually	TBD	CTB target TBD after the baseline	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National	annually	TBD	N/A	Measured annually	

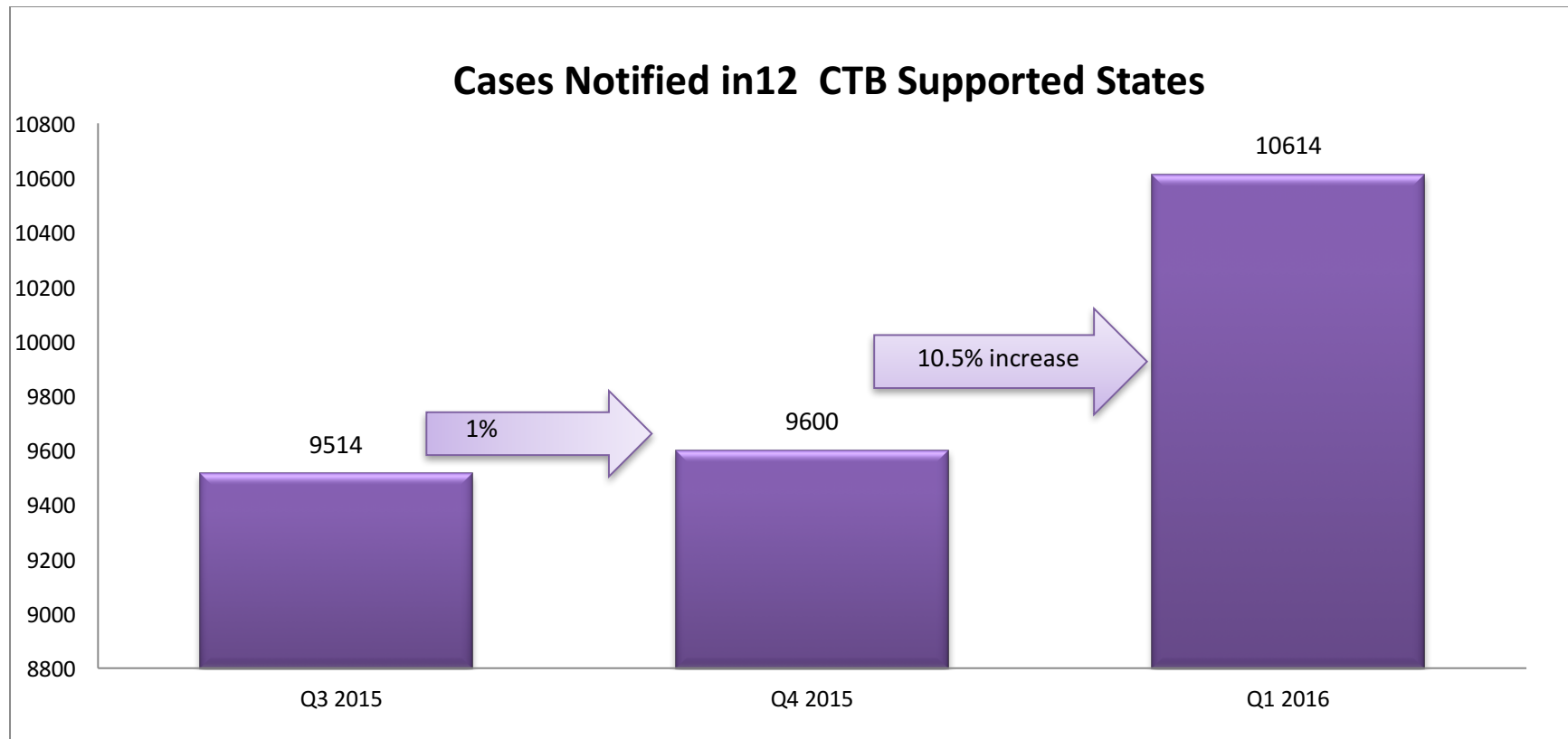
Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3 Status of National Stop TB Partnership	National	annually	TBD	N/A	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	CTB	annually	TBD	NA	Measured annually	
8.2.1. Global Fund grant rating	National	Quarterly	B2 and A1 for both RPS (ARFH and IHVN respectively)	NA	IHVN=A1 ARFH=B1	Information provided by partners at CTB work plan meeting

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. # of stock outs per [year] of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National		TBD by Deliver project (USAID funded)	NA		

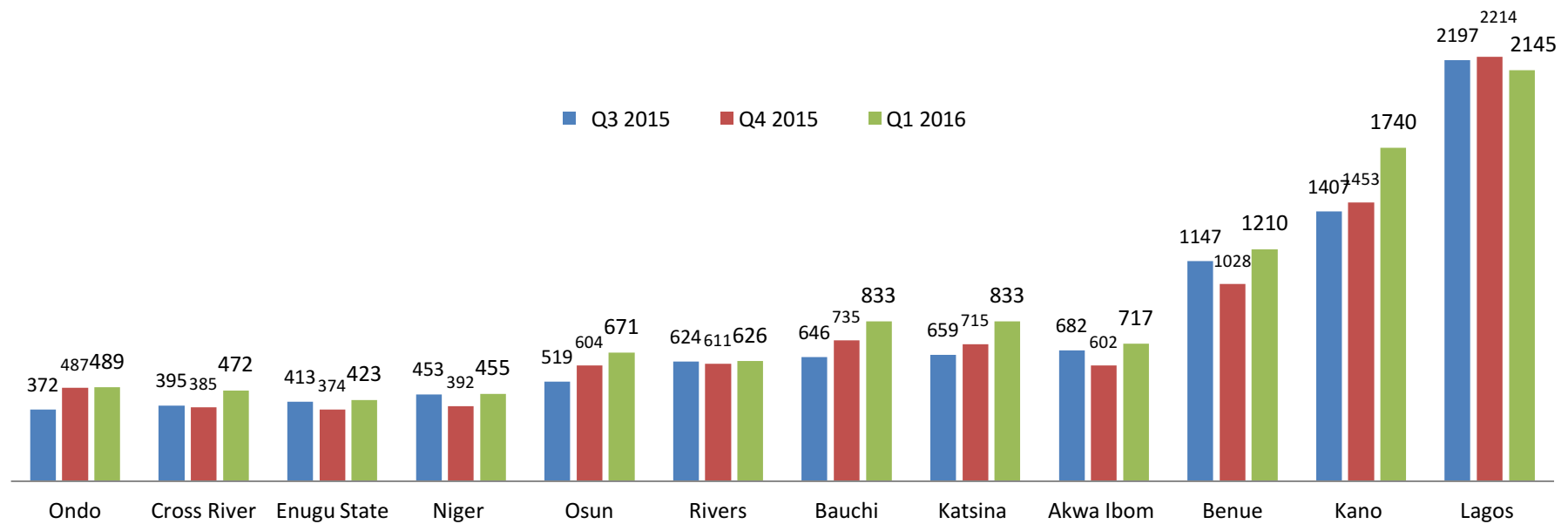
Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4 Status of electronic recording and reporting system	National and CTB States	quarterly	Currently only DR TB is reported electronically; e-TB manager has been adapted for electronic R&R to be roll out	CTB Target TBD after baseline is set		The NTP is currently piloting the e-tb manager for susceptible TB in 4 states (Lagos, Ondo, Ogun and Oyo states). This activity will be scaled up in the new GF grant to the remaining states
10.2.2. Prevalence survey conducted/completed in the last three years	National	annually	Most recent prevalence survey conducted in 2012.	N/A	Measured annually	
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years	National	annually	Most recent DR-TB surveillance survey conducted in 2012.	N/A	Measured annually	
10.2.5. # of successful approaches identified to improve TB diagnosis and treatment	CTB states	annually	N/A	N/A for APA1 or APA2. A review of approaches will be done using program implementation evidence.	Measured annually	
10.2.4. #/% of operations research, evaluation or epidemiological assessment study results disseminated (stratified by level of dissemination: report, presentation, publication)	CTB states	annually	NA	OR on inventory studies disseminated	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	National	annually	TBD	TBD	Measured annually	
10.2.6 % of operations research project funding provided to local partner	CTB states	annually	TBD	TBD	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
(provide % for each OR project)						
10.2.7 Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	annually	TBD	TBD	Measured annually	

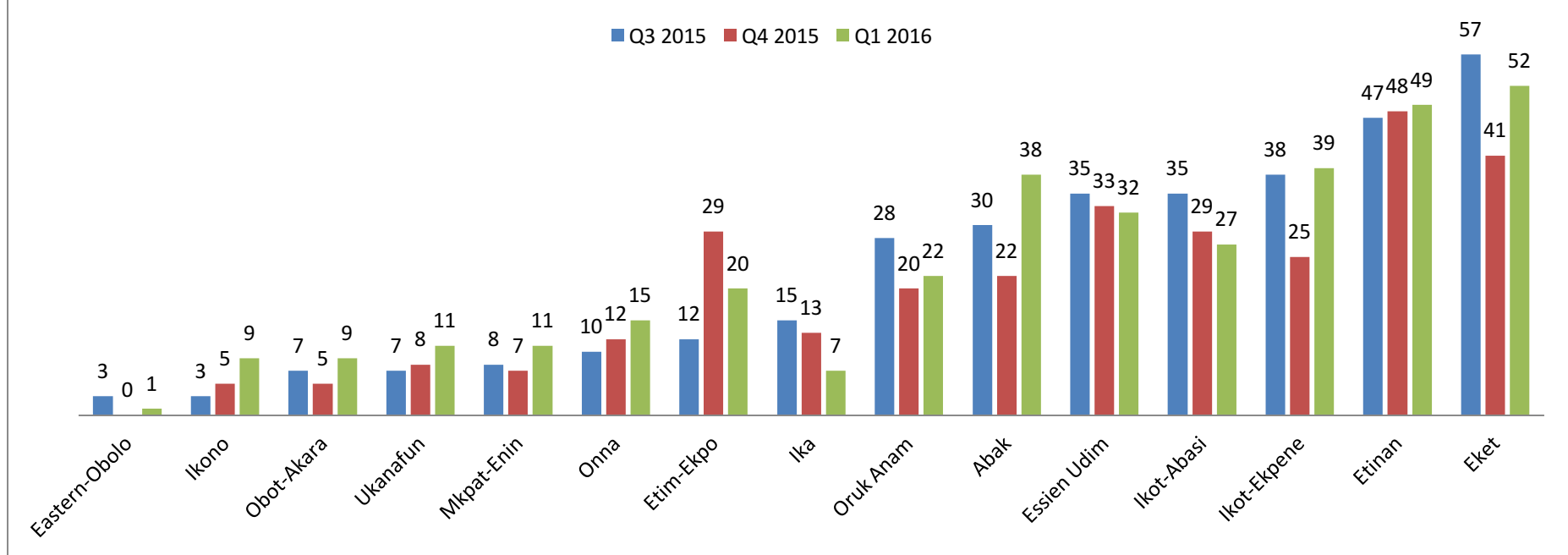
Annexes: Case finding Analysis by State and LGA



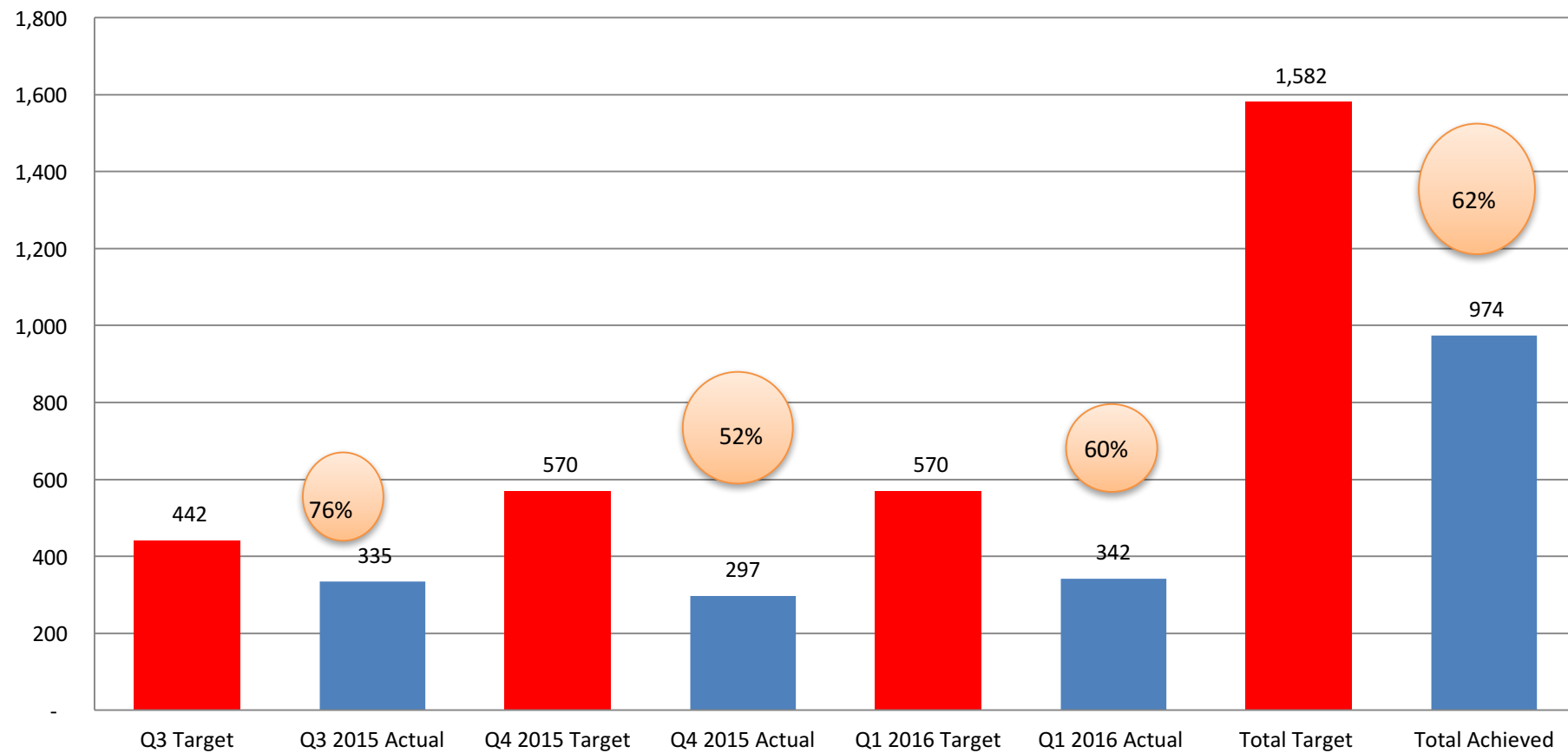
Quarterly Case Finding by State in CTB Supported States



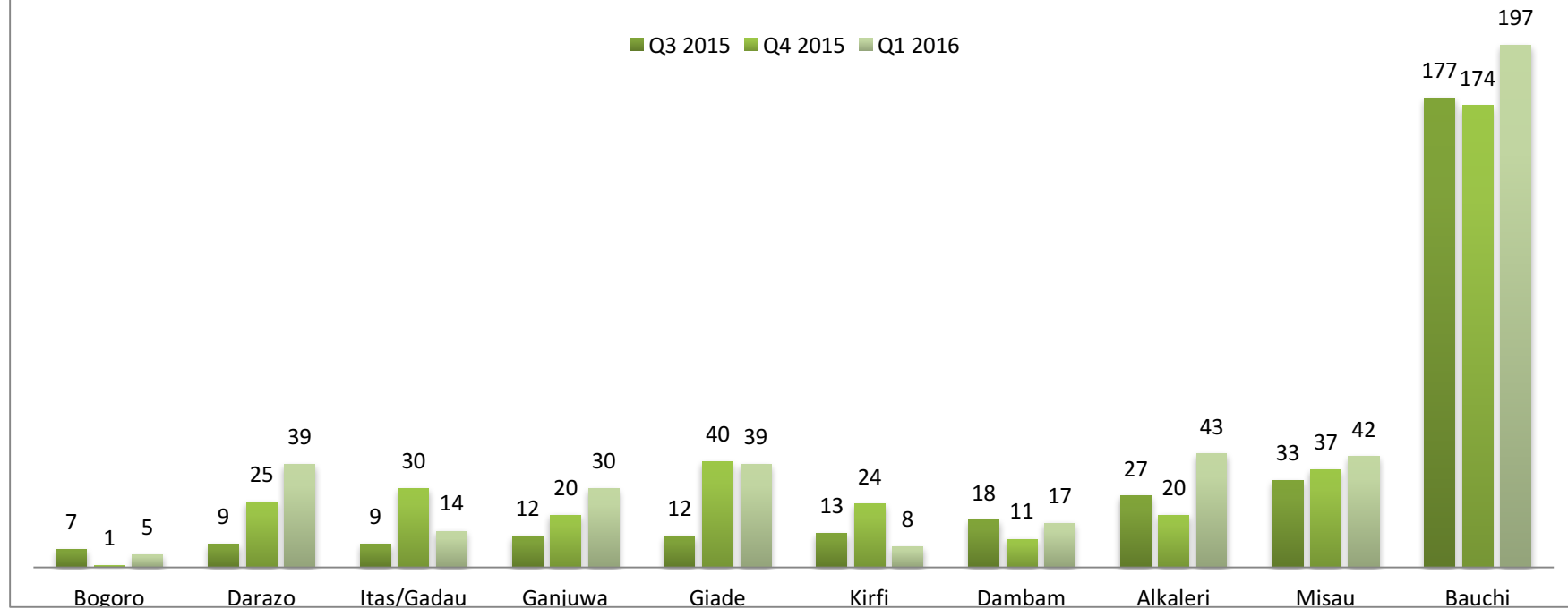
Case Finding in CTB Supported LGAs in Akwa Ibom State



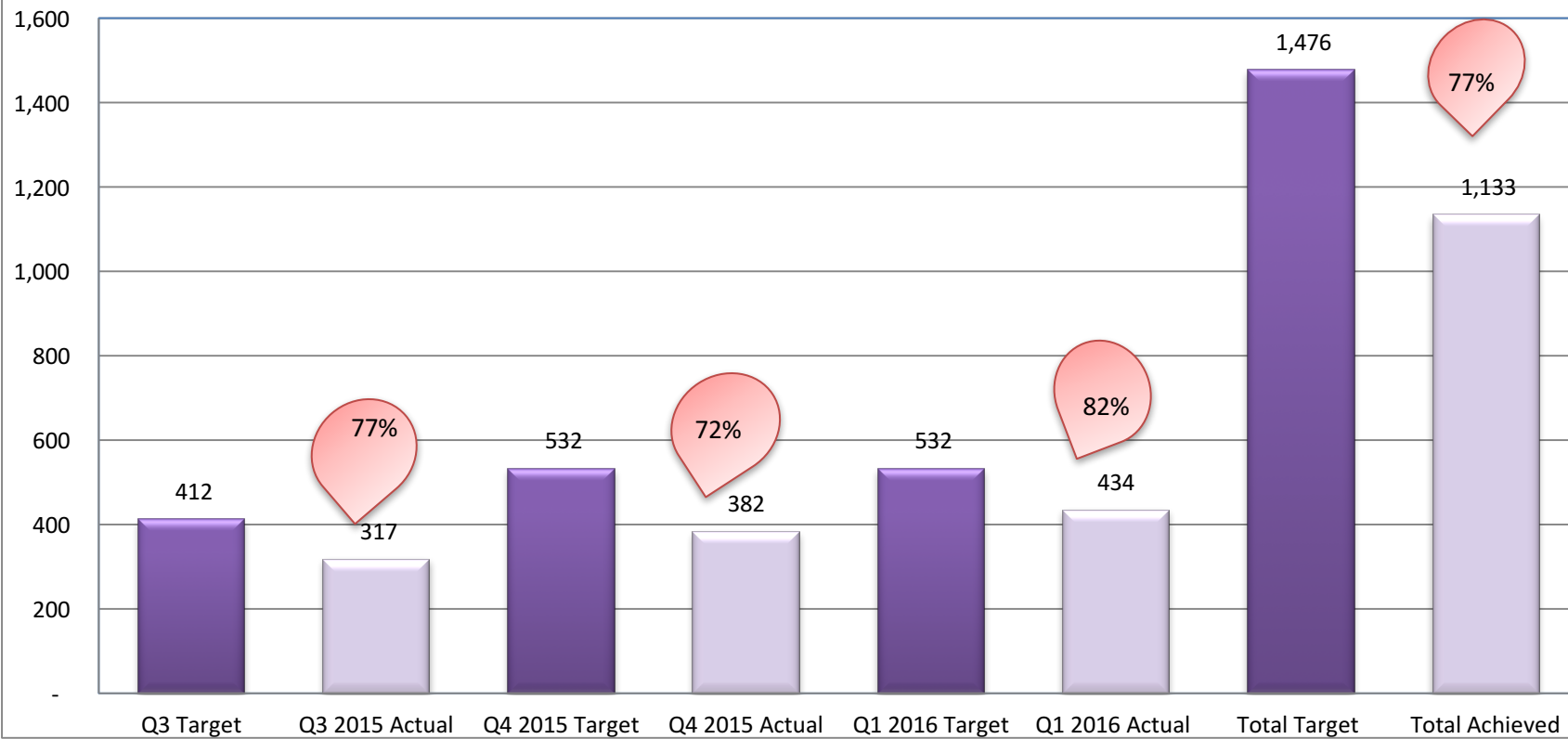
Performance in Case Finding in CTB Supported LGAs in Akwa Ibom State



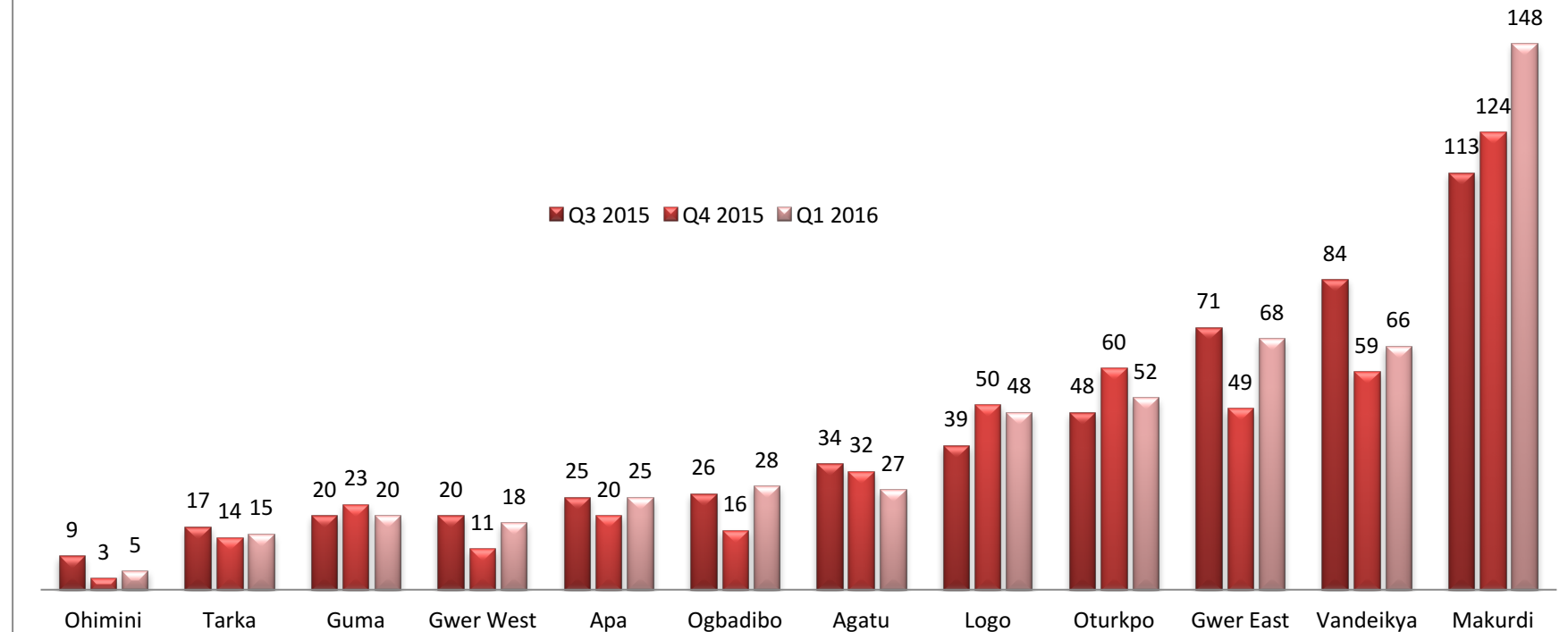
Case Finding in CTB Ssupported LGAs in Bauchi State



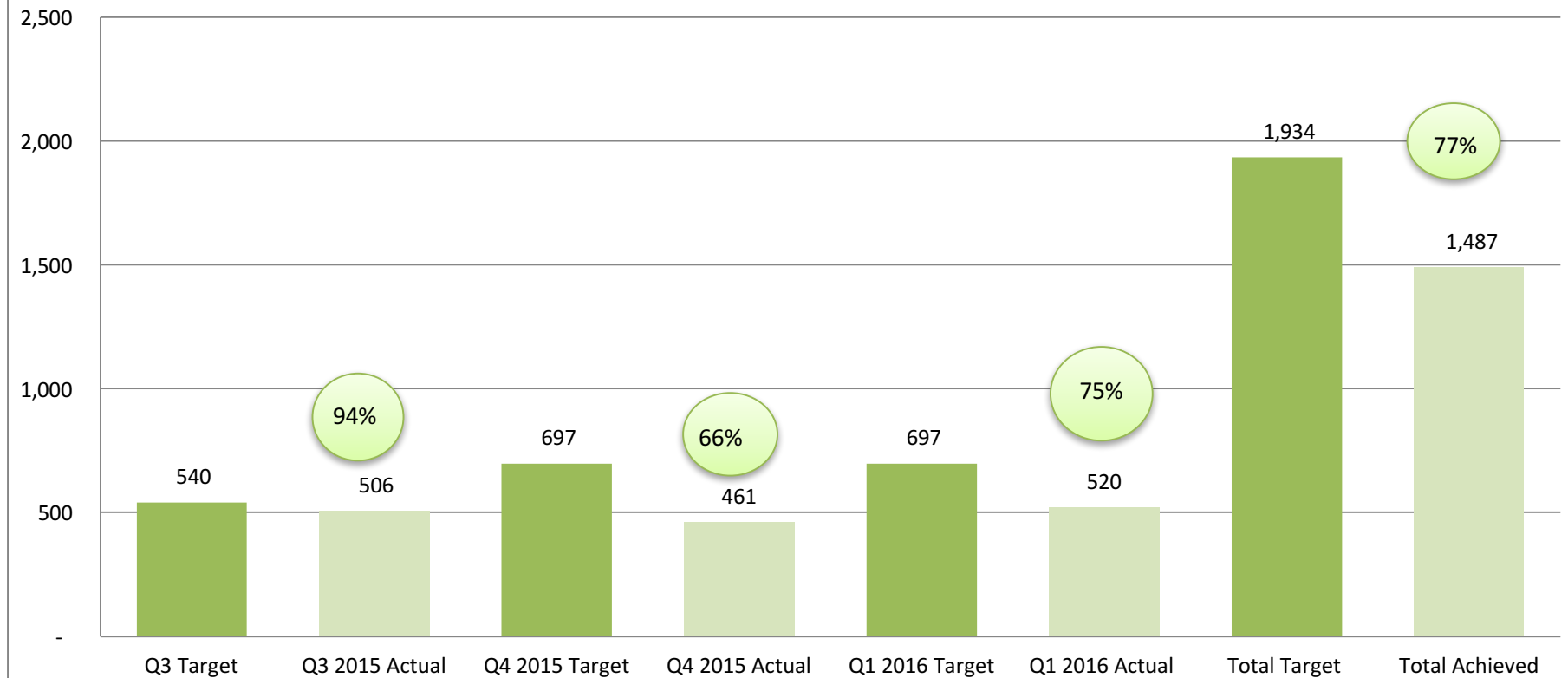
Performance in Case Finding in CTB supported LGAs in Bauchi State



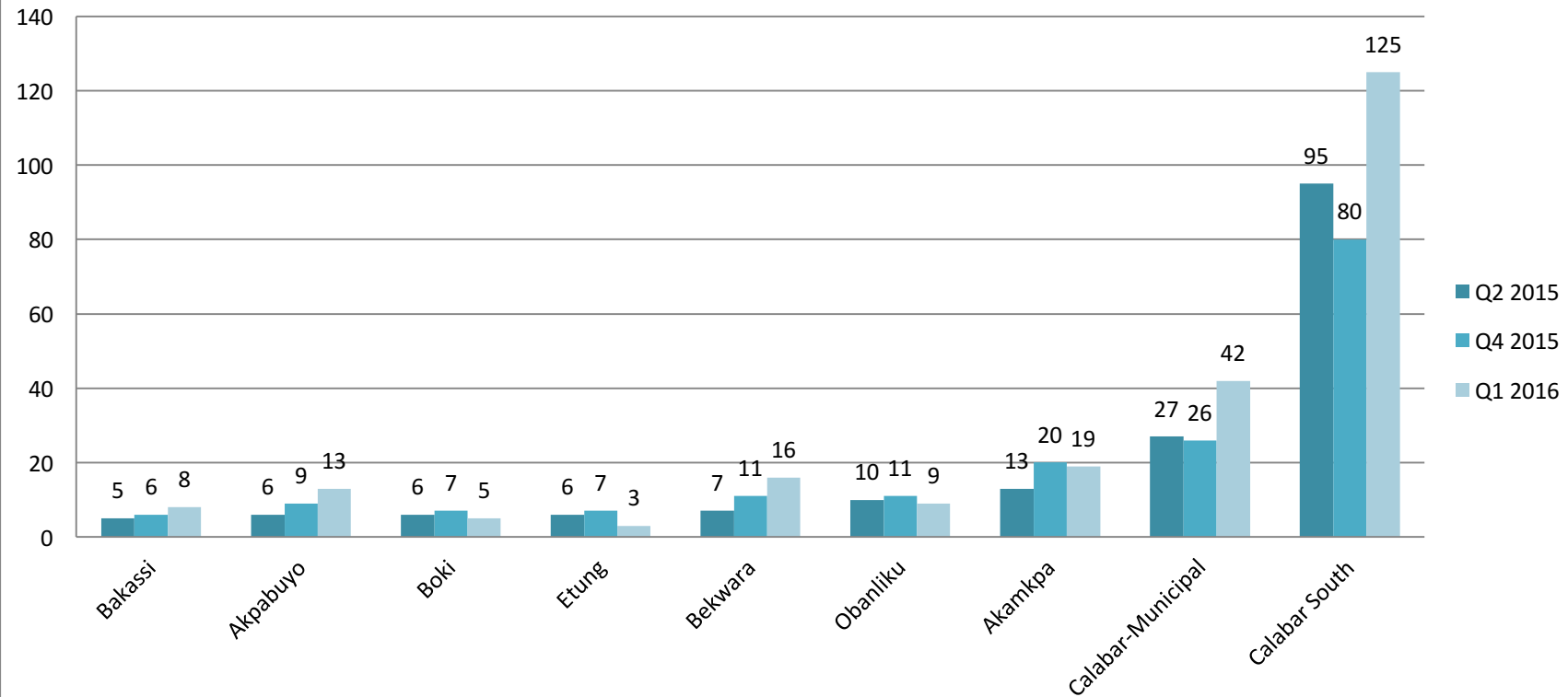
Case Finding in CTB Supported LGAs in Benue State



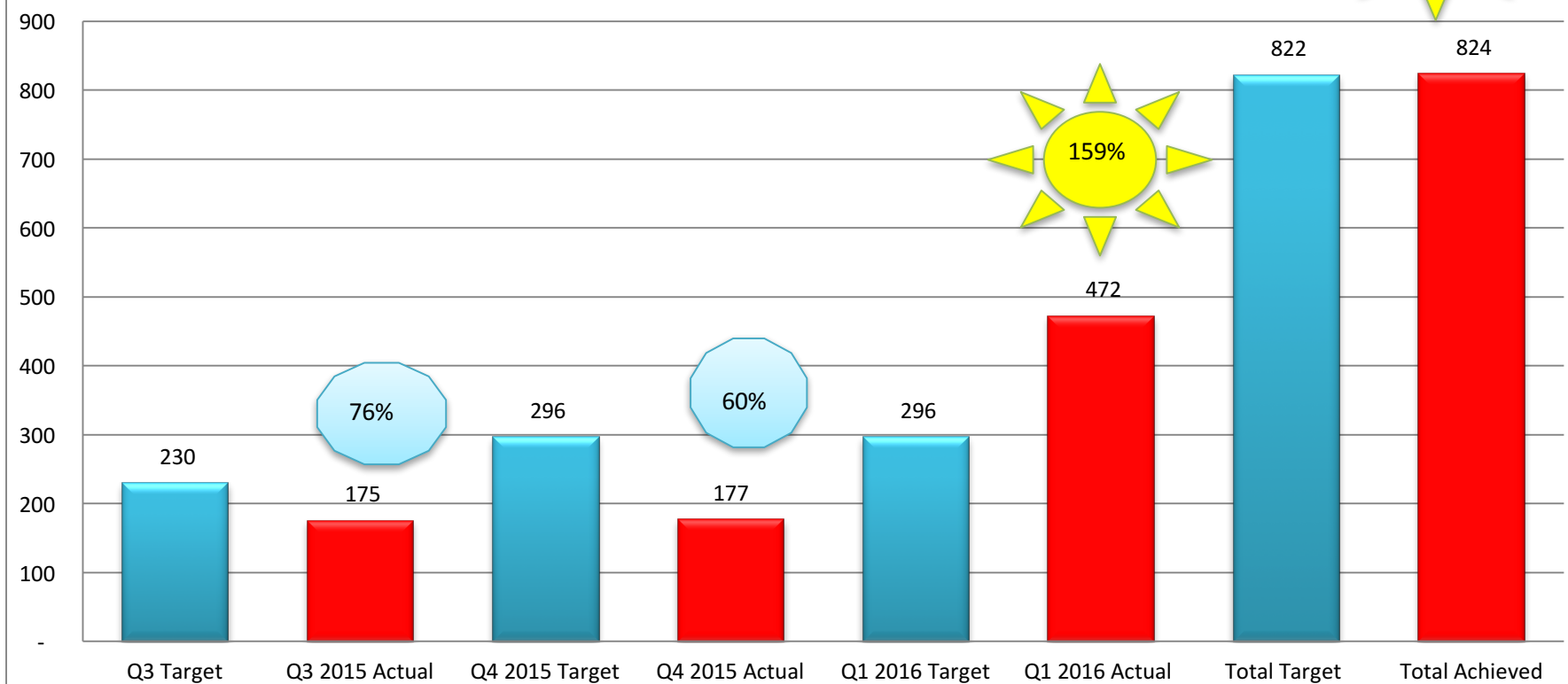
Performance in Case finding in CTB Supported LGAs in Benue State



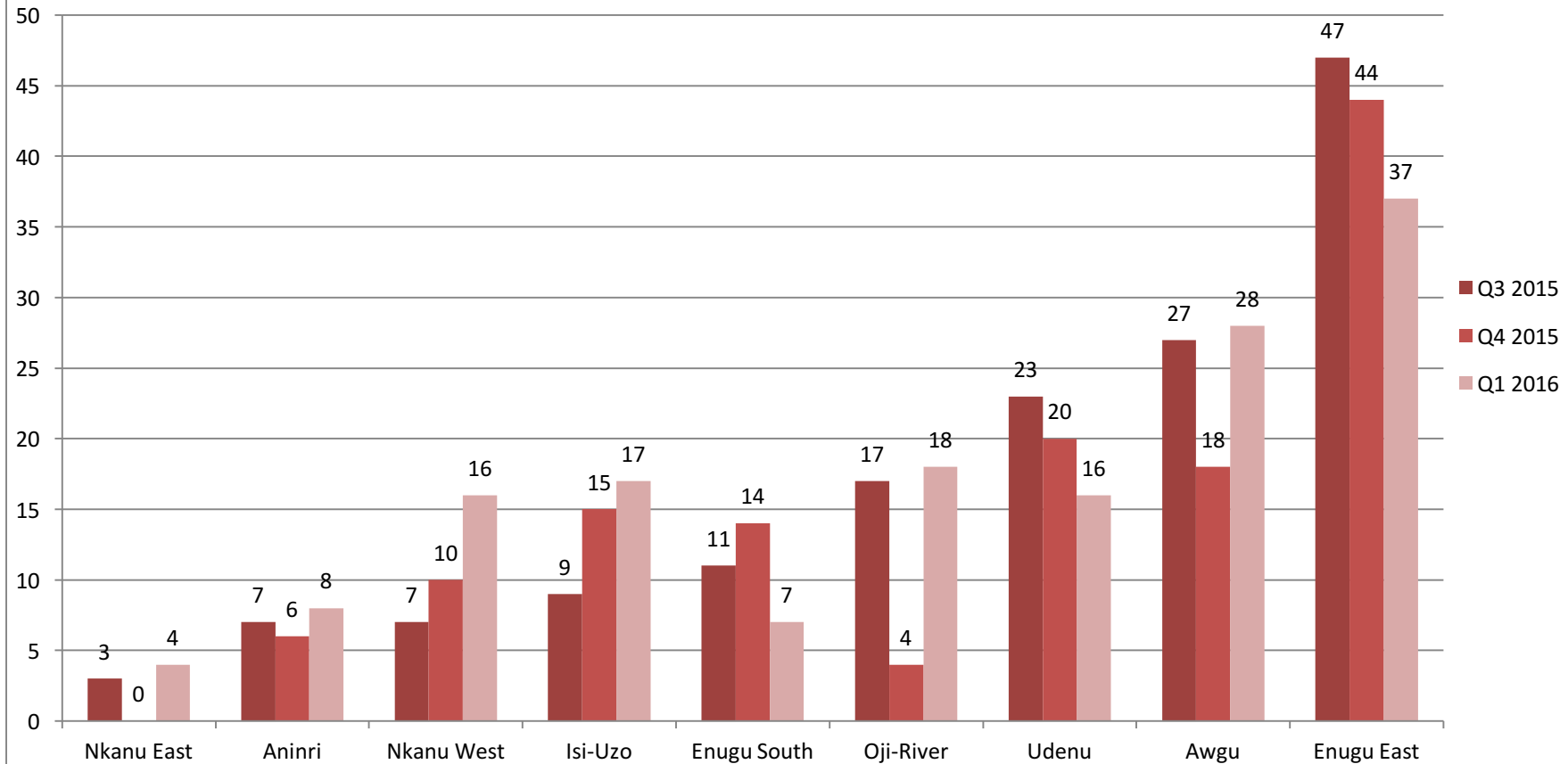
Case Finding in CTB ssupported LGAs in Cross Rivers State



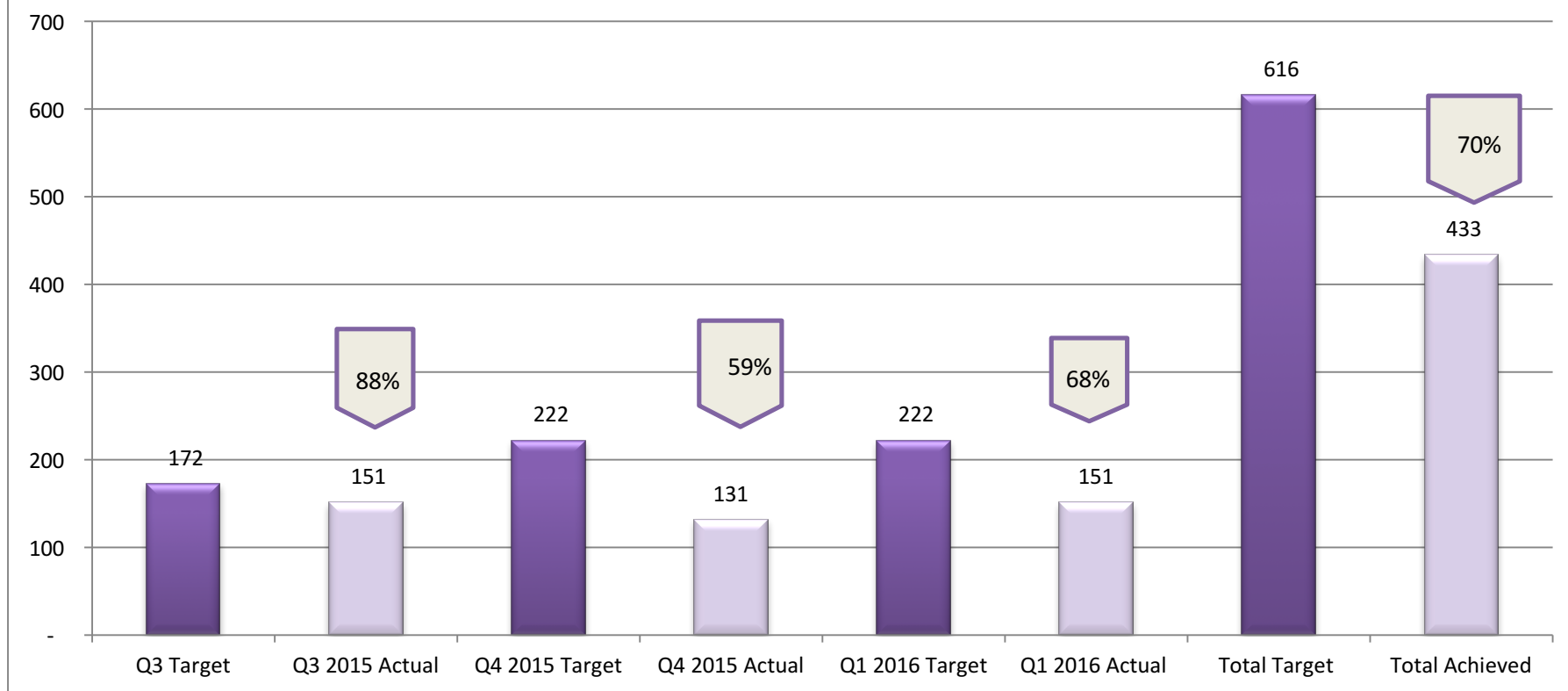
Performance in Case Finding in CTB Supported LGAs in Cross Rivers State



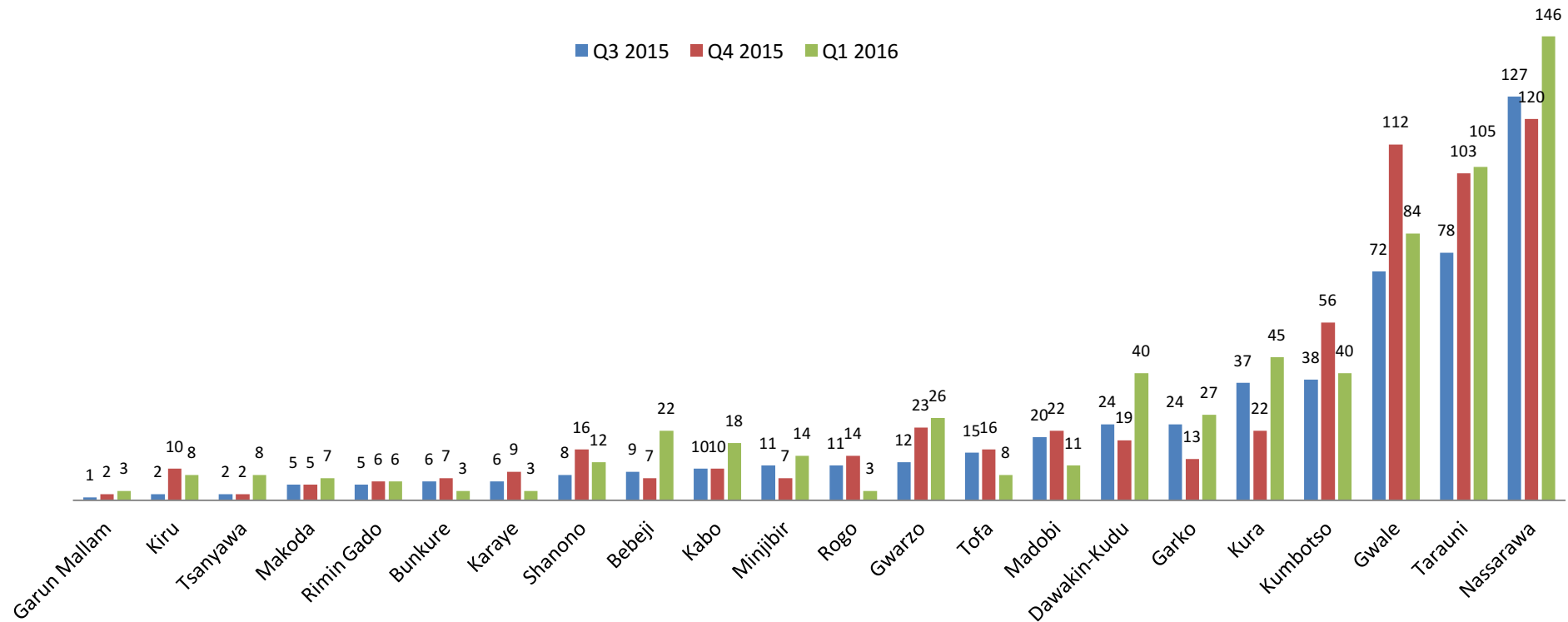
Case Finding in CTB Supported LGAs in Enugu State



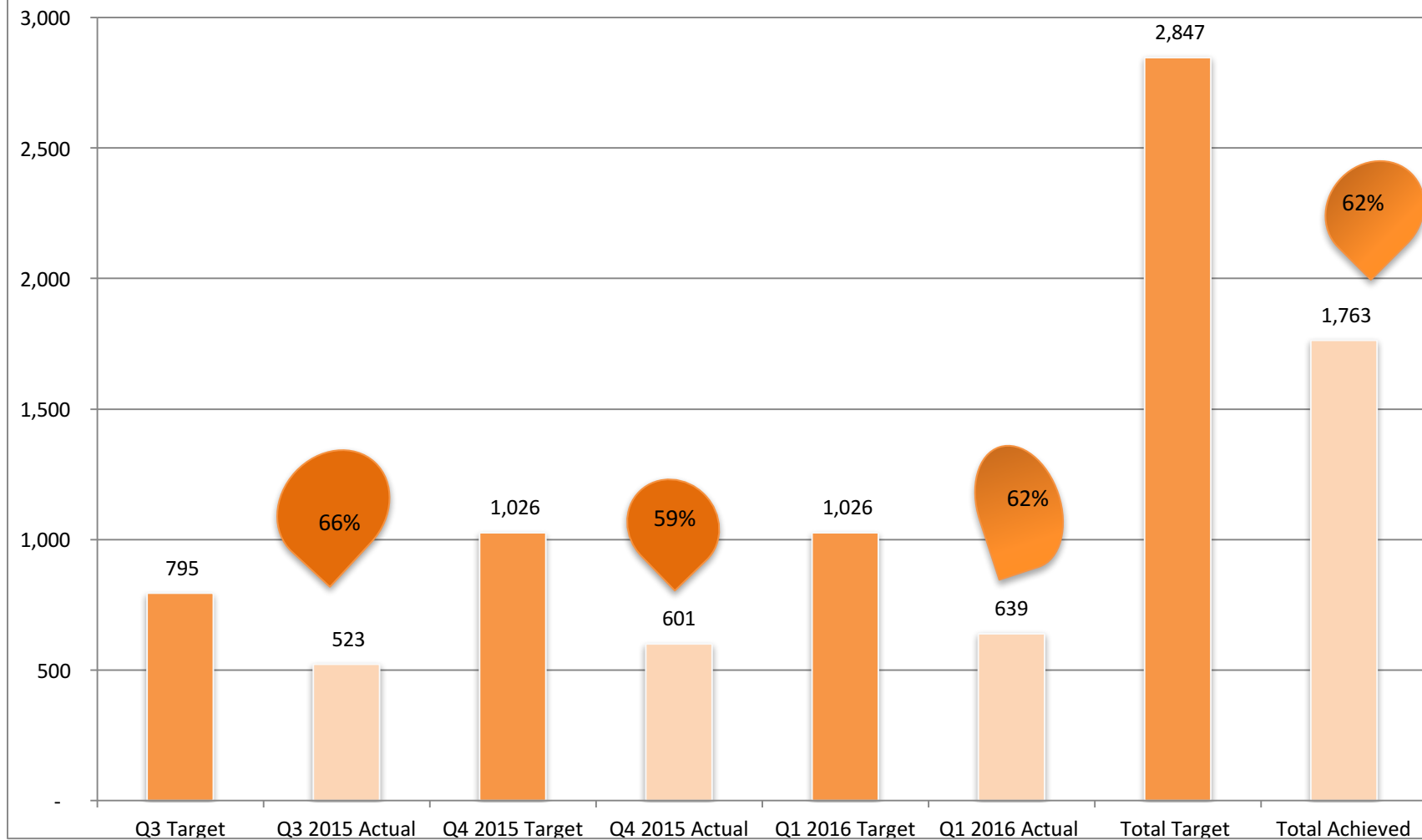
Performance in Case Finding in CTB Supported LGAs in Enugu State



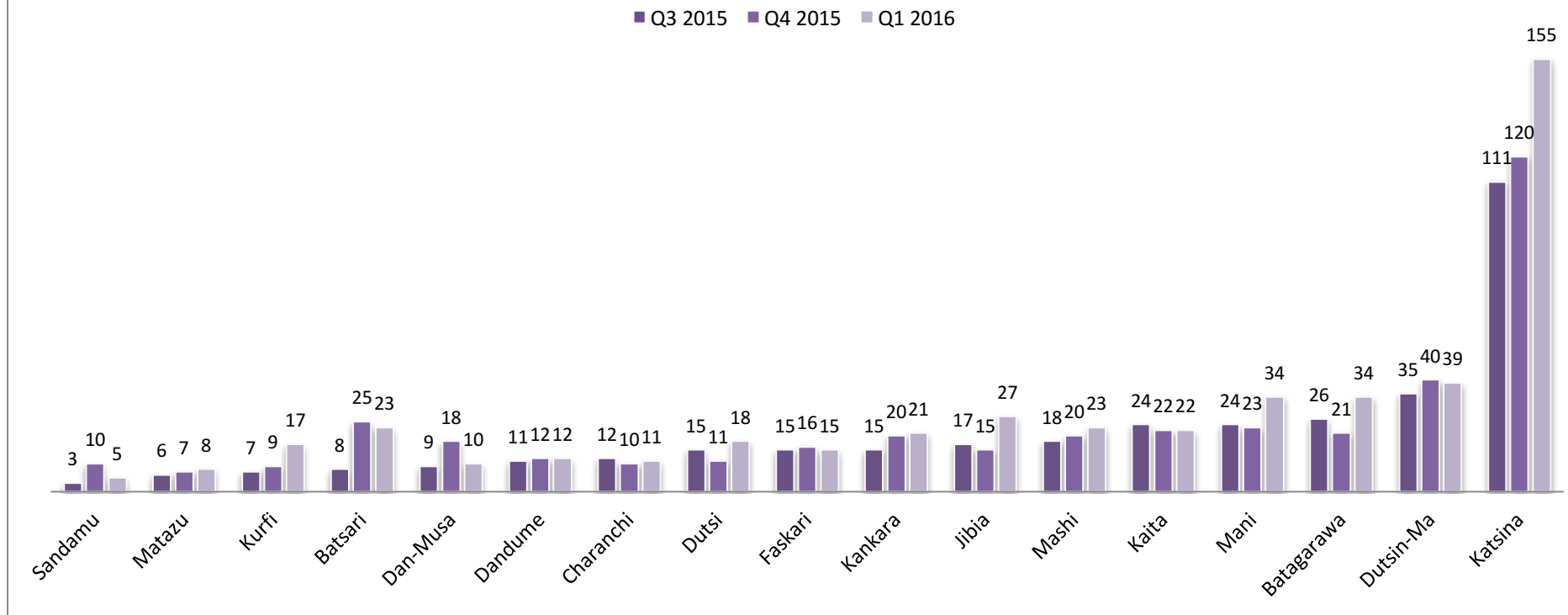
Case Finding in CTB Supported LGAs in Kano State



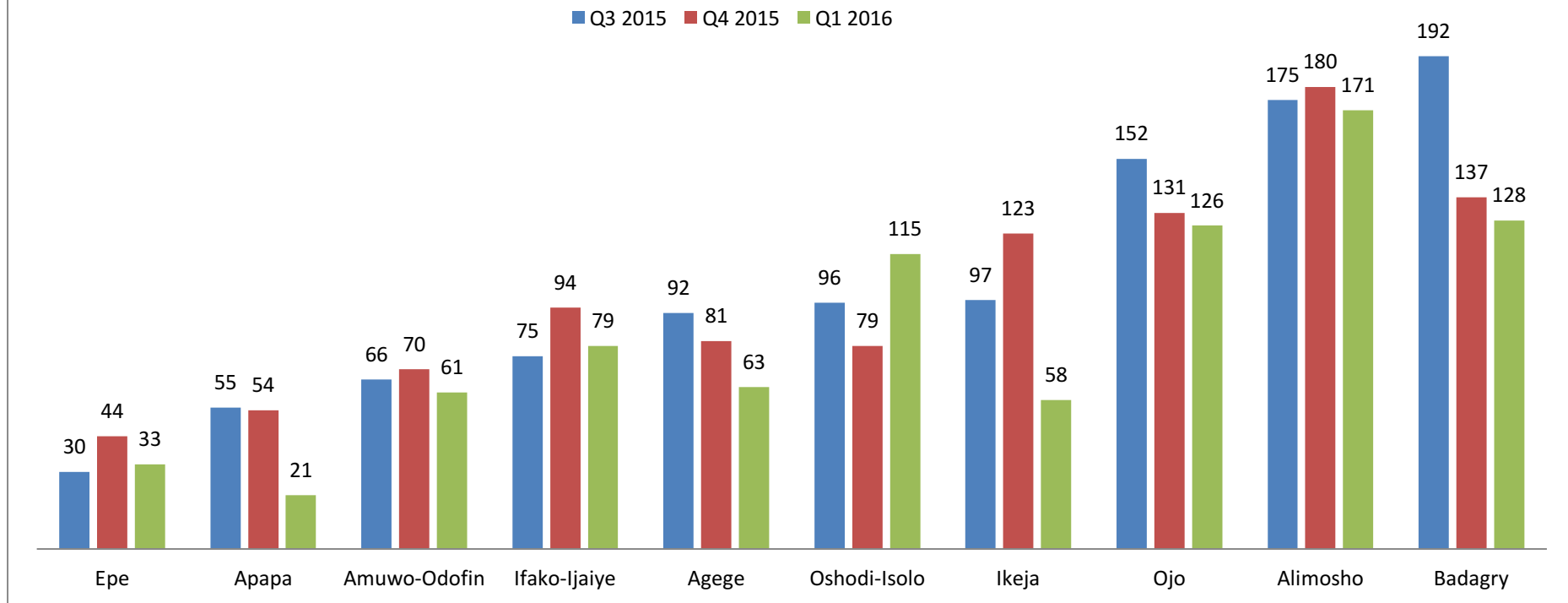
Performance in Case Finding in CTB supported LGAs in Kano State

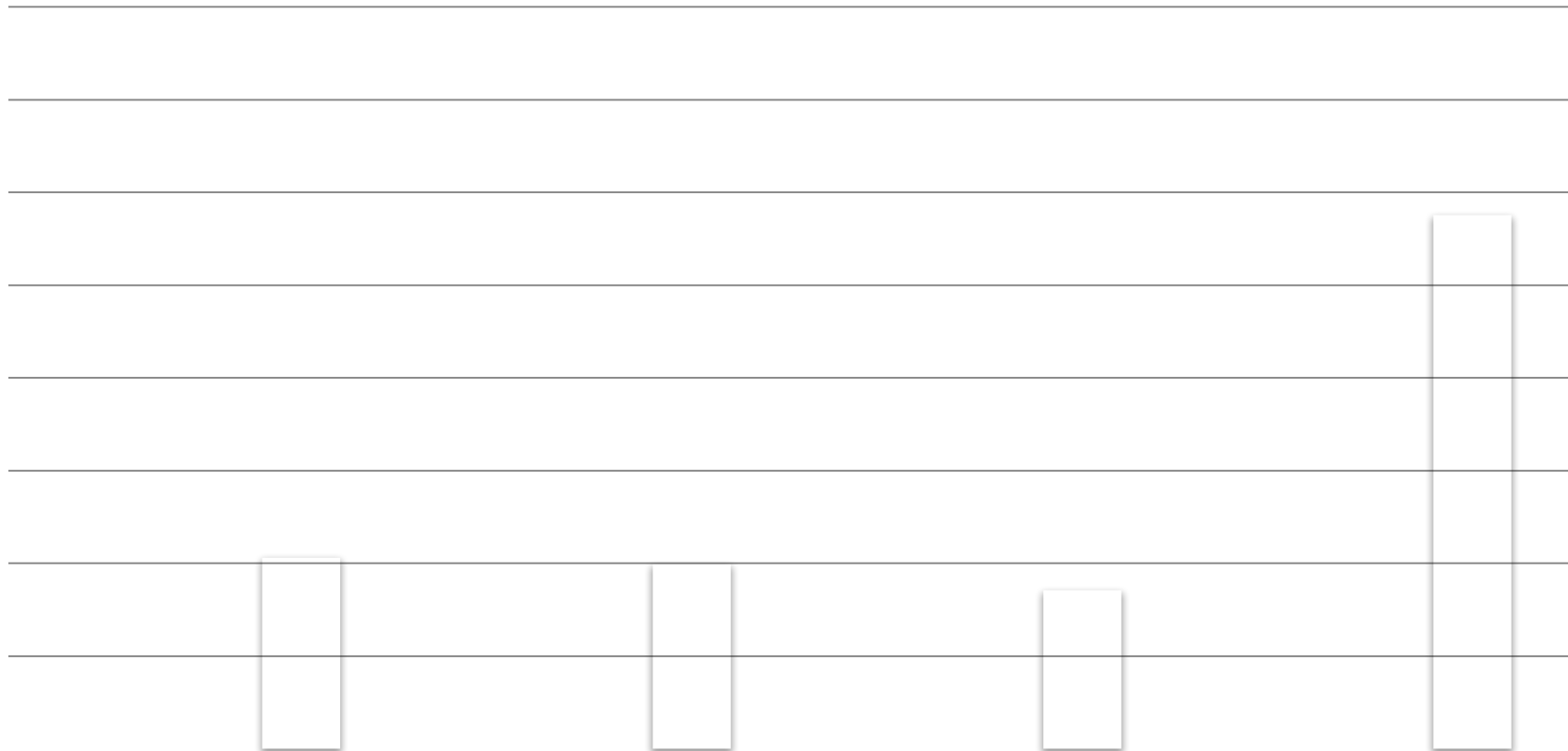


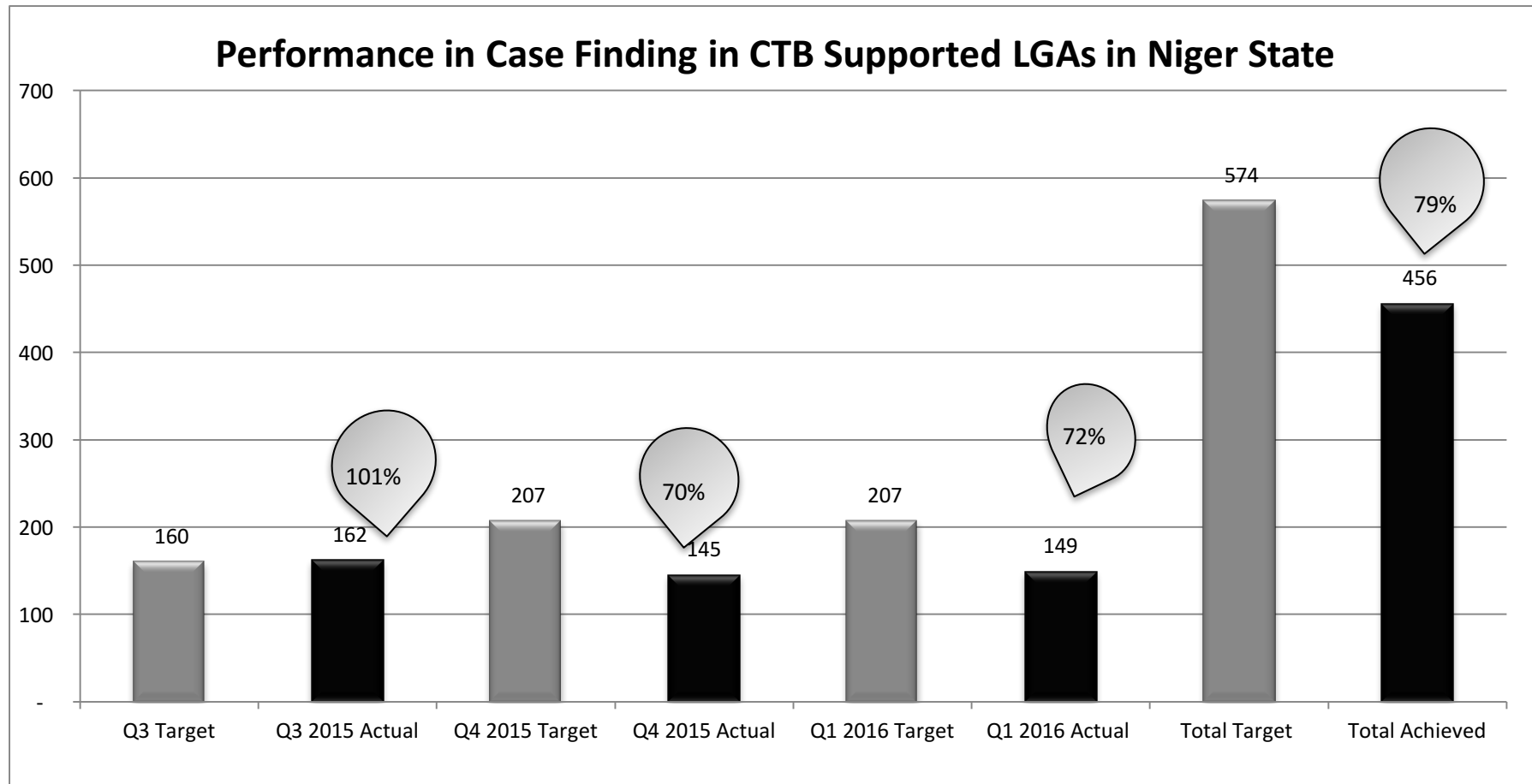
Case Finding in CTB Supported LGAs in Katsina State



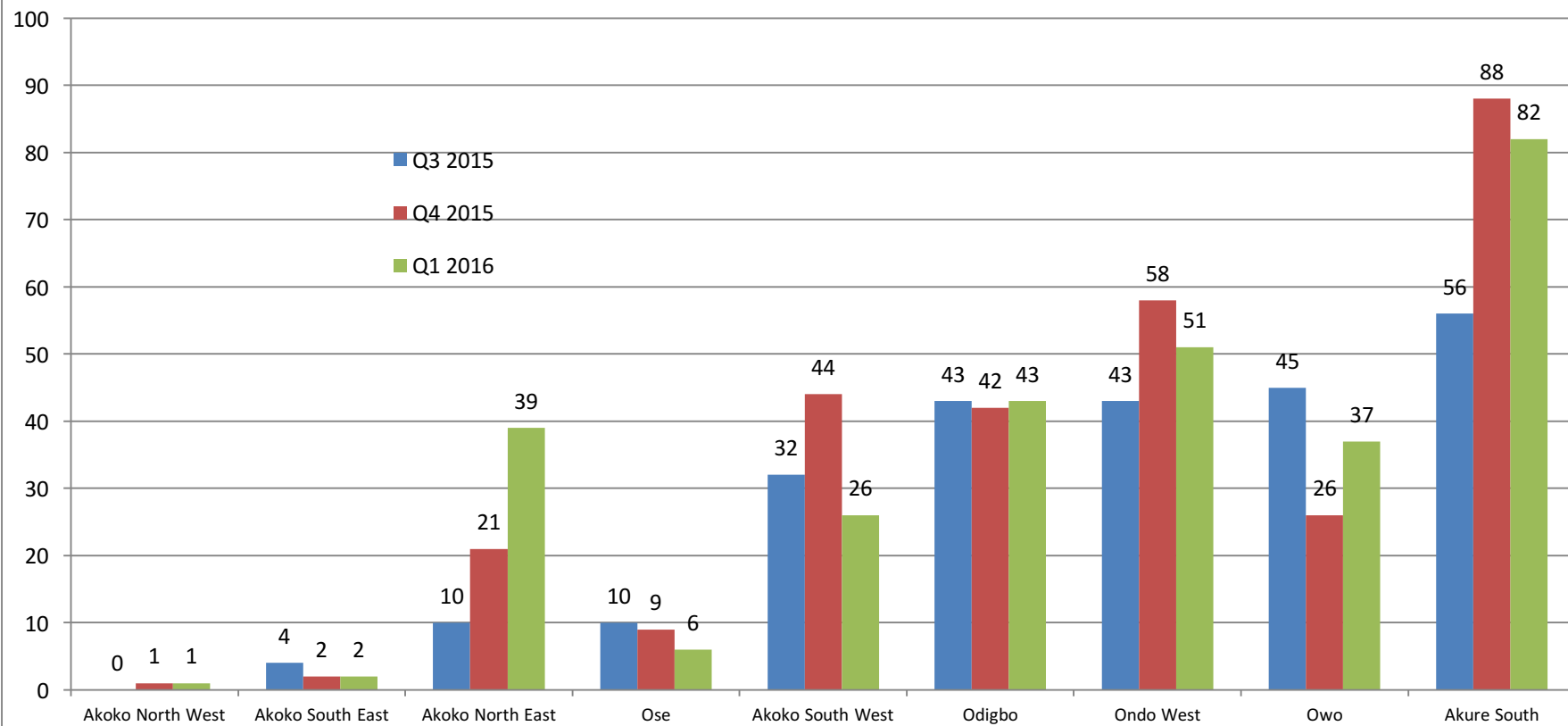
Case Finding in CTB Supported LGAs in Lagos State



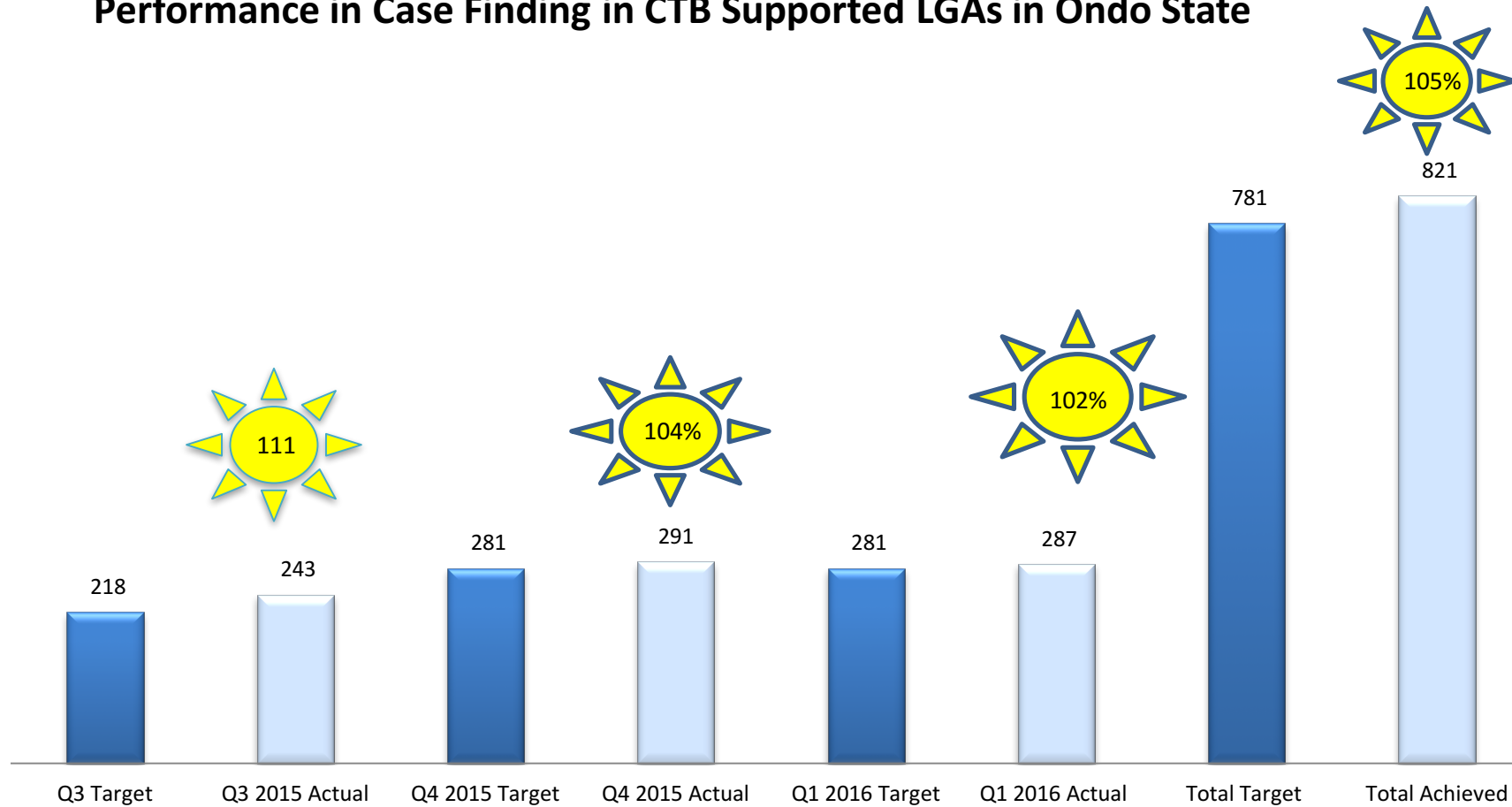




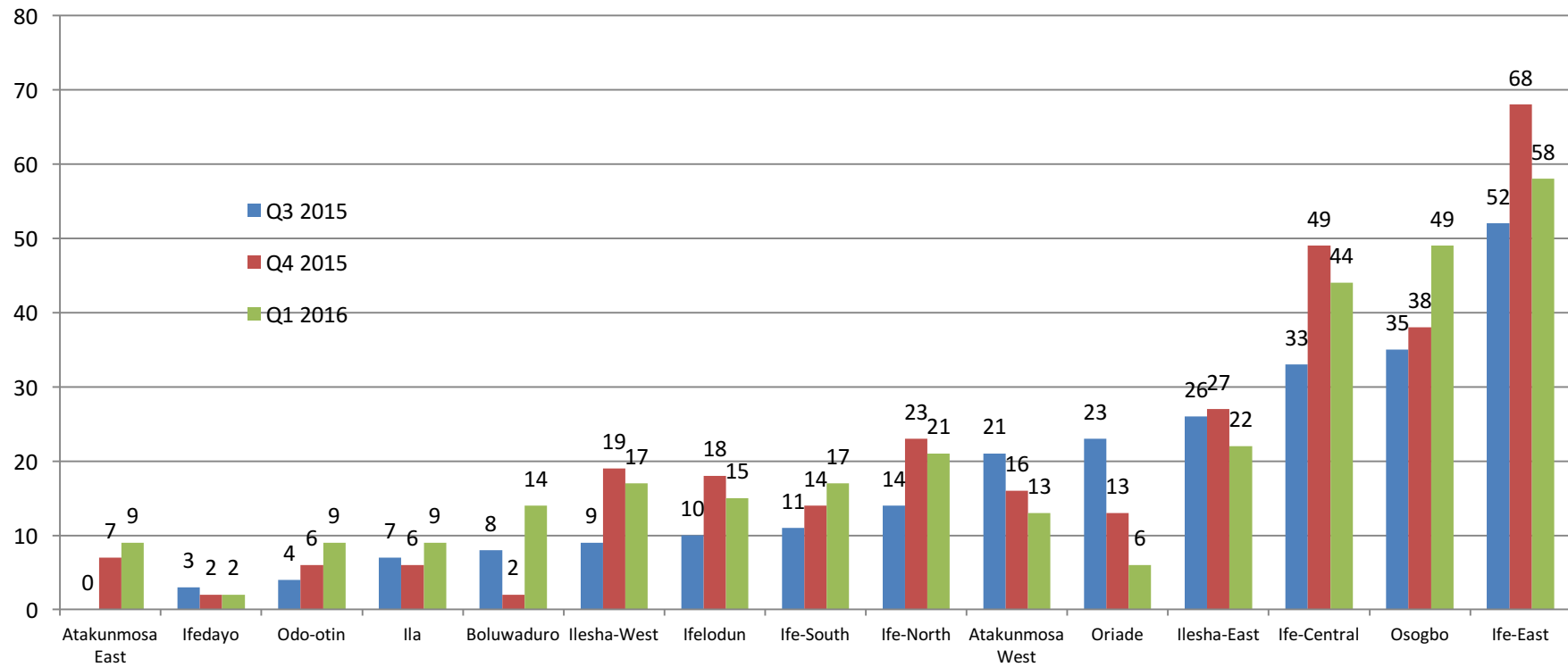
Case Finding in CTB Supported LGAs in Ondo State



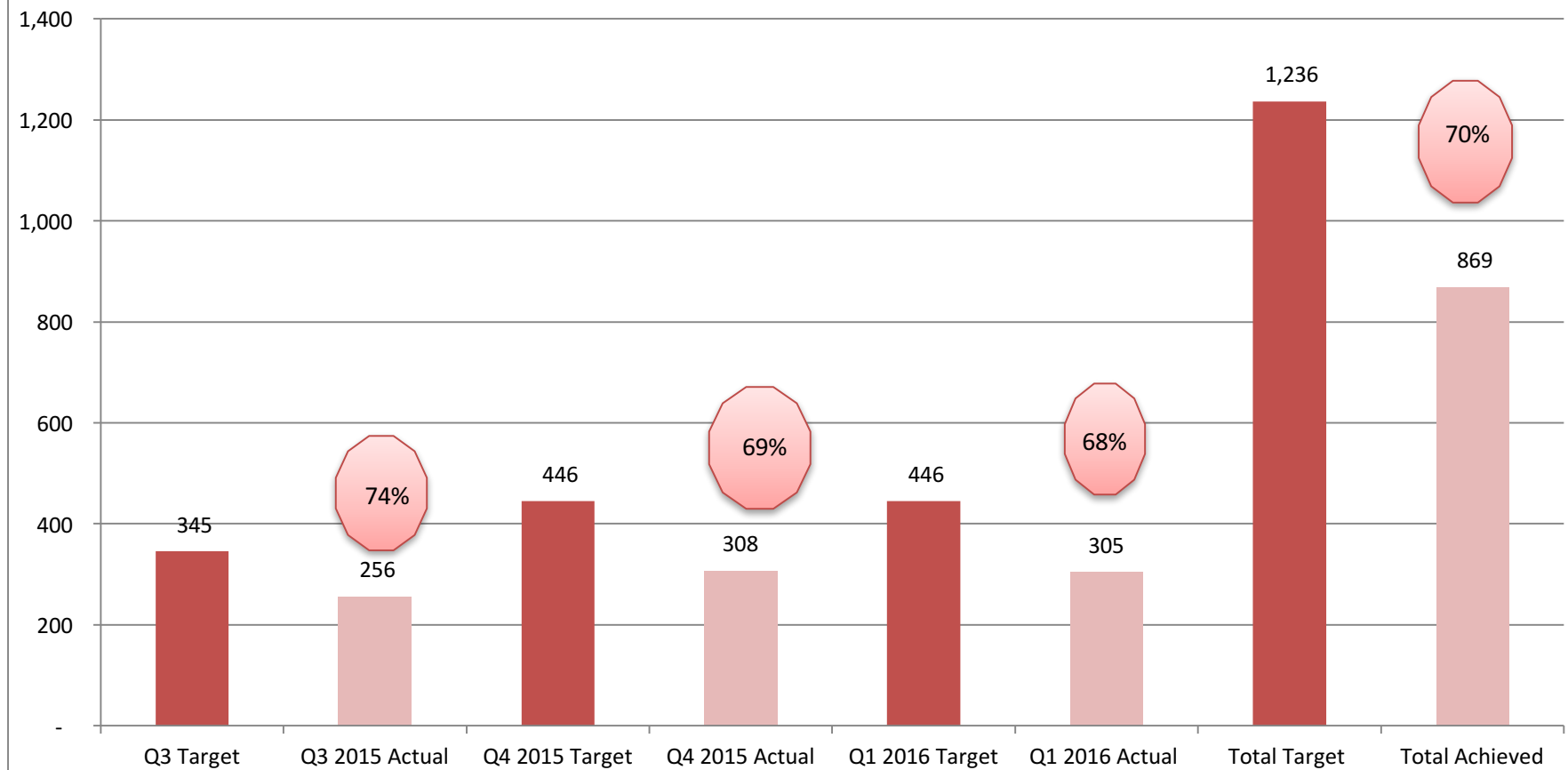
Performance in Case Finding in CTB Supported LGAs in Ondo State



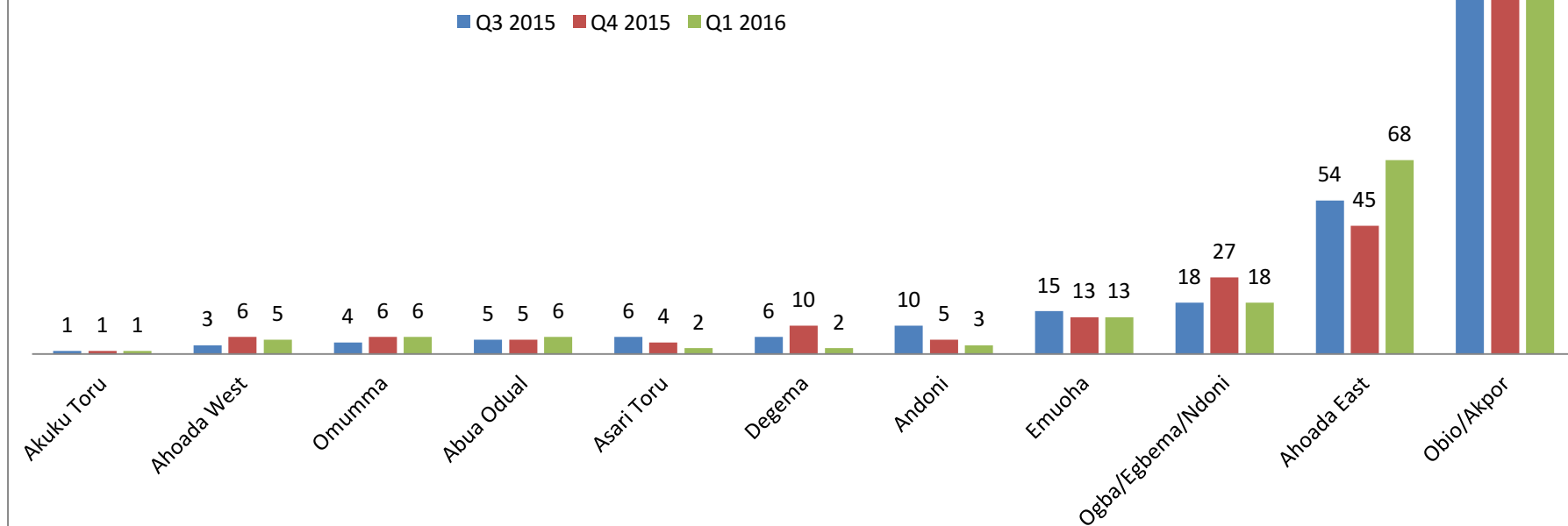
Case Finding in CTB Supported LGAs in Osun State



Performance in Case Finding in CTB supported LGAs in Osun State



Case Finding in CTB Supported LGAs in Rivers State



Performance in Case Finding in CTB Supported LGAs in Rivers State

